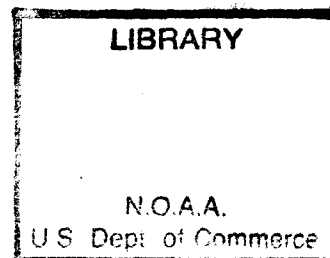


CHINA.

IMPERIAL MARITIME CUSTOMS.

II.—SPECIAL SERIES: No. 2.



MEDICAL REPORTS,

FOR THE YEAR ENDED 30TH SEPTEMBER 1895.

49th and 50th Issues.

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PUBLISHED BY ORDER OF

The Inspector General of Customs.

SHANGHAI:

PUBLISHED AT THE STATISTICAL DEPARTMENT OF THE INSPECTORATE GENERAL OF CUSTOMS,

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National Oceanic and Atmospheric Administration

Environmental Data Rescue Program

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December 20, 2000

INSPECTOR GENERAL'S CIRCULAR No. 19 OF 1870.

INSPECTORATE GENERAL OF CUSTOMS,

PEKING, 31st December 1870.

SIR,

1.—It has been suggested to me that it would be well to take advantage of the circumstances in which the Customs Establishment is placed, to procure information with regard to disease amongst foreigners and natives in China; and I have, in consequence, come to the resolution of publishing half-yearly in collected form all that may be obtainable. If carried out to the extent hoped for, the scheme may prove highly useful to the medical profession both in China and at home, and to the public generally. I therefore look with confidence to the co-operation of the Customs Medical Officer at your port, and rely on his assisting me in this matter by framing a half-yearly report containing the result of his observations at.....upon the local peculiarities of disease, and upon diseases rarely or never encountered out of China. The facts brought forward and the opinions expressed will be arranged and published either with or without the name of the physician responsible for them, just as he may desire.

2.—The suggestions of the Customs Medical Officers at the various ports as to the points which it would be well to have especially elucidated, will be of great value in the framing of a form which will save trouble to those members of the medical profession, whether connected with the Customs or not, who will join in carrying out the plan proposed. Meanwhile I would particularly invite attention to—

a.—The general health of.....during the period reported on; the death rate amongst foreigners; and, as far as possible, a classification of the causes of death.

b.—Diseases prevalent at.....

c.—General type of disease; peculiarities and complications encountered; special treatment demanded.

d.—Relation of disease to { Season.
Alteration in local conditions—such as drainage, etc.
Alteration in climatic conditions.

e.—Peculiar diseases; especially leprosy.

f.—Epidemics { Absence or presence.
Causes.
Course and treatment.
Fatality.

Other points, of a general or special kind, will naturally suggest themselves to medical men; what I have above called attention to will serve to fix the general scope of the undertaking.

* * * * *

3.—Considering the number of places at which the Customs Inspectorate has established offices, the thousands of miles north and south and east and west over which these offices are scattered, the varieties of climate, and the peculiar conditions to which, under such different circumstances, life and health are subjected, I believe the Inspectorate, aided by its Medical Officers, can do good service in the general interest in the direction indicated; and, as already stated, I rely with confidence on the support and assistance of the Medical Officer at each port in the furtherance and perfecting of this scheme. You will hand a copy of this Circular to Dr., and request him, in my name, to hand to you in future, for transmission to myself, half-yearly Reports of the kind required, for the half-years ending 31st March and 30th September—that is, for the Winter and Summer seasons.

4—

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*

*

*

*

I am, etc.,

(Signed)

ROBERT HART,

I. G.

THE COMMISSIONERS OF CUSTOMS,—*Newchwang, Shanghai,*
Tientsin, Ningpo,
Chefoo, Foochow,
Hankow, Amoy,
Kiukiang, Swatow, and
Chinkiang, Canton.

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DR. C. C. DE BURGH DALY'S REPORT ON THE HEALTH OF NEWCHWANG

For the Year ended 31st March 1895.

THERE have been six births (one still-born) and three deaths.

The general health of the foreign residents during the period under review was far from satisfactory. In my last Report I drew attention to the insanitary conditions existing here, and more especially to the ever-present danger of the food supply being contaminated; and I now have to report that, as a result of our insanitary surroundings, there has been a serious outbreak of specific febrile diseases.

In the short space of a few months the following cases occurred:—

Whooping-cough, 22; roseola, 2; scarlet fever, 3; sore throats (scarlet fever?), 4; chicken-pox, 6; enteric fever, 4; and an obscure fever of a typhoid nature, 4.

Complete recovery took place in all these cases, with one exception—a case of typhoid.

The patient, a Tidewaiter in the Imperial Maritime Customs, was apparently passing safely through the critical period when acute ulceration of the epiglottis and neighbouring structures occurred, absolutely preventing him swallowing any food, and producing great distress in breathing. Exhaustion rapidly followed, causing death in a few days' time after the onset of this symptom.

One life lost. How many more will be thrown away before the residents realise that it is not always safe to drink water and milk containing faecal matter?

A fever occurs in this province which continues to puzzle all the medical men who have come across it. Simple continued fever without any other symptom is the only description one can give of it. The temperature rises to 103° , 104° , or 105° , with a drop of from 1° to 2° during the 24 hours. There are no other indications to guide one as to the nature of the poison. There is complete absence of abdominal symptoms, and even with a continued high temperature extending over weeks, delirium, or anything approaching the typhoid condition, is absent, and the patients generally feel comfortable, are able to take plenty of nourishment, and sleep well. Quinine, antipyrin, and many other remedies have been tried without producing any permanent beneficial effect, and I have come to the conclusion that absolute rest in bed, strict dieting, and a dose of calomel at the onset, and occasionally afterwards, if required, is the best course of treatment to adopt; in short, treat it as if it might be typhoid fever. Up to the present I have not heard of a fatal case occurring among foreigners. The duration of the fever is very variable; some cases last only 7 or 14 days, others from 3 to 11 weeks.

The fatal case of cholera was that of an officer of a steamer which arrived here from Tientsin, at which port the disease was undoubtedly contracted. I did not see him for some 36 hours after the onset of the attack. By that time he was in a condition of collapse consequent on the violent purging and vomiting.

It is of interest to note with reference to this case that on the day before I saw him the excreta were being thrown into the waters of the harbour, and at the same time most probably this polluted water was being pumped into the tanks of other steamers.

In addition to the two fatal cases recorded above, one infant, a few days old, died of general inanition.

The period under review has been eventful. In the summer floods occurred; in the autumn war broke out and slowly approached these districts; in the winter battles were fought at short distances from this port, and consequently, with the approval of the native authorities, gained by the help of the Commissioner, a Red Cross Hospital was opened, into which over 900 wounded Chinese soldiers were admitted.

DR. J. H. LOWRY'S REPORT ON THE HEALTH OF WENCHOW

For the Half-year ended 31st March 1895.

THE health of foreigners during the past half-year has been fairly good. One birth (still-born) and one death have to be recorded. From December to March a severe epidemic of small-pox prevailed in the city and suburbs; the mortality is said to have been very high, chiefly among children, but towards the end of the epidemic adults of both sexes were attacked. It is impossible, as I have found at other ports, to get any reliable information as to the death rate. During the outbreak of bubonic plague at Pakhoi in 1882 I found by inquiring at the coffin shops I was able to make a fair estimate, but here, in a much larger city, this means is not reliable. I have inquired at the Magistrate's *yamên*, and though that office keeps no official record, it estimates that 4,000 persons died from small-pox. I think, however, from other sources I am justified in stating that about 2,000 died, including adults and children. Strange to say, during December and January an epidemic of measles was also prevalent.

One European, a priest of the Lazarist Mission, contracted small-pox while ministering to some of his folk suffering from the disease. His case ran a simple course and was of the discrete variety. There were no complications and there was no subsequent disfigurement.

In November a case of bubonic plague was discovered by Dr. HOGG on board a steamer that entered from Amoy. The man was not landed, and died after the ship left the port.

The European death above referred to was the result of sprue or psilosis, the subject being a lady who had long suffered from the disease. She contracted it in 1890 at Canton, went to England from there in the same year and was under the care of Dr. THIN, of London, until the autumn of 1893, when she returned to China and placed herself under the treatment of Mr. PETER SYS, of Shanghai. In July 1894 she came under my care, but in spite of every form of treatment the disease made steady headway, and she died in February of this year.

Sprue or psilosis is one of the most formidable tropical diseases we have to deal with. Many of the cases, if taken in time, *i.e.*, sent to Europe and put on strict diet (milk), do well and recover; but again we have them like the case so recently under my observation, where, in spite of change of climate, diet, hygiene, and drugs, the disease makes steady progress to the end.

Dr. THIN's researches on the disease are and have been very valuable. Sir JOSEPH FAYRER, in his recent article on "Tropical Diarrhœa" in DAVIDSON'S *Hygiene and Diseases of Warm Climates* (1893), classifies sprue under this heading, and Dr. BEGG, of Hankow, claims that it should be the same*—not a distinct disease. All, I think, agree that there is some special organism at work in the intestinal tract, how brought about we are not positive. Dr. BEGG's lines of treatment are, I think, right, but so far we have not enough proof that *santonin* is the drug. My patient was twice put under the treatment suggested by Dr. BEGG, dose and *régime* being followed out exactly. It is true, however, that that treatment was only tried late in the disease, when atrophy had set in and intestinal digestion had long since

* *Customs Medical Reports*, xxxiv.

ceased. The extreme emaciation and night sweats of my patient reminded me much of phthisis, but in the sprue case there was the absence of cough and sputa—replaced by the frequent bowel purging and sore tongue.

A case of puerperal eclampsia occurred in a European, and, though not due in any way to climatic causes, is worthy of mention.

X., a multipara whose confinement was due in three weeks, was suddenly seized on the night of 5th November with eclampsia; unconsciousness followed. Under chloroform the convulsions ceased towards morning, but on the night of the 6th recurred. On the 7th she was free from them, but was still comatose, and during the evening of the same day she was painlessly delivered, without assistance, of a still-born child. Consciousness slowly returned after the birth of the child, there was no recurrence of the convulsions, and the patient made a slow but good recovery. There was no history of kidney trouble, though during September swelled legs and feet had been noticed, which I at the time put down to uterine pressure. As there was nothing to indicate that the eclampsia was due to uræmic poisoning, it was treated on the lines that the disease was a purely functional affection or acute peripheral epilepsy, the administration of chloroform being supplemented by chloral and bromide in moderate doses.

It is hoped that the pathology of this disease will soon be cleared up, considering the high mortality. SPIEGELBERG says that out of every three or four women attacked one dies. I am deeply indebted to Dr. HOGG, of this port, for valuable assistance in the above case.

Measles occurred in a European child, æt. 3. The rash was more profuse and extensive than is usually observed in the European variety, and a flea-bitten appearance of the skin was noticed in some regions. The highest temperature was $103^{\circ}.2$, and there was no fall on the appearance of the eruption. The fever assumed a remittent type all through. The rash did not finally disappear until the 10th day. Itching and tingling were intense from the first—preventing sleep.

The diseases that I have observed and treated during the past six months have been:—

| | |
|---------------------------|--------------------|
| Conjunctivitis. | Remittent fever. |
| Echymosis of conjunctiva. | Ruteola. |
| Hæmoptysis. | Sprue or psilosis. |
| Hæmorrhoids. | Tonsillitis. |
| Lymphadenitis. | Variola. |
| Puerperal eclampsia. | |

I append an abstract from the Customs meteorological observations taken at this port.

METEOROLOGICAL TABLE, October 1894 to March 1895.

| MONTH. | Highest Reading of Barometer. | Highest Day Reading of Thermometer. | RAINFALL. | | REMARKS. |
|----------------|-------------------------------|-------------------------------------|--------------|----------------|---|
| | | | No. of Days. | Quantity. | |
| 1894. | <i>Inches.</i> | <i>° F.</i> | | <i>Inches.</i> | |
| October | 30.270 | 84 | 8 | 3.40 | |
| November | 30.400 | 73 | 9 | 0.80 | |
| December | 30.540 | 66 | 8 | 0.64 | |
| 1895. | | | | | |
| January | 30.450 | 65 | 13 | 0.91 | Hail and snow, 12th January; 1 inch of snow, 14th January. |
| February | 30.450 | 66 | 11 | 3.49 | |
| March | 30.480 | 75 | 14 | 4.21 | Thunder, lightning, rain, hail, and snow, 17th March. |

DR. T. RENNIE'S REPORT ON THE HEALTH OF FOOCHOW

For the Eighteen Months ended 31st March 1895.

IN my Report for the preceding six months I mentioned that towards the end of September 1893 I had met with several cases of influenza among Europeans and natives. This subsequently proved to be the commencement of an epidemic. In October principally, and before the end of the year, there were no fewer than 60 cases of epidemic influenza among the foreign community. Of these, 19 cases occurred in one compound. The symptoms in all were well marked. The disease was ushered in by a sudden chill or rigor; sometimes simultaneously, but more frequently later, there was sneezing with slight discharge from the nose. The ocular disturbance was confined to slight conjunctival irritation. The fauces became affected, followed by an irritating cough. Severe depression of strength and headache, with pains in back and limbs, were marked from the first, and soon increasing prostration caused the sufferer to go to bed, however strong the desire to keep up. In all, fever, remittent in type, ranging in the course of the 24 hours from 99° to 103°, was present. The pulse was small and weak. The tongue was thickly coated and the appetite entirely gone. No rash or skin affection was observed. At the end of from 24 to 76 hours the pyrexia quickly subsided, and here, excepting much debility and a cough which lasted for some days, the attack in the majority of cases passed off.

Sequelæ and complications occurred in 25 of the sufferers. In 17 cases diarrhœa supervened as a complication. Two of these were confined to bed with a subacute affection of several joints, whilst another was laid up for a month with muscular pains. Two children, well advanced in convalescence, suffered from dysentery of a most obstinate and intractable nature.

In a missionary lady who had recently arrived from the country in a greatly debilitated condition influenza was complicated with pneumonia. Premature confinement, about the end of the seventh month, occurred, and death, by failure of the heart, on the following day was the result.

In an elderly obese lady, who had for many years suffered from symptoms of fatty degeneration of the heart, broncho-pneumonia set in and caused death.

In October and November in six mission schools about one-sixth of the pupils were laid up with influenza. A good deal was heard of the presence of the disease in the city; but beyond the school children and a few cases of bronchial catarrh and pneumonia, the sequelæ of influenza, which came to the native hospital for treatment, I saw nothing further of the disease among the natives. On inquiry, the Chinese death rate did not seem to be much increased.

Influenza next made its appearance in the winter of 1894. Few Foreign residents were affected, but the type was severe and marked by acute pharyngitis. The intense prostration of the disease, with pharyngitis which extended to the larynx, well nigh proved serious to an elderly adult. At the time this form of influenza was very prevalent among natives. I treated several well-to-do Chinese, who thought their malady was diphtheria. The pyrexia,

great weakness, and throat symptoms led them, I suppose, to think of the more serious malady; but there was no approach to fibrinous false membrane or enlargement of the cervical glands.

Since the spring of 1890 genuine epidemic influenza has been the chief cause of illness among foreign residents. Like epidemic cholera when it visits us, influenza was first heard of amidst the floating population at Pagoda Anchorage, and seemed to have come coastwise. During May and in the beginning of June 1890 20 per cent. of the foreign community suffered from well-marked symptoms of the disease. In one family of eight members seven became affected; about the same time two-thirds of their domestics also suffered. At some of the missionary schools for native children as many as one-half of the inmates had influenza. The type of the disease was mild; but the debility following even the mildest cases was marked and out of all proportion to the symptoms. Two European male adults suffered from severe neuralgia; but these were the only cases in which sequelæ were met. The weather at the time was mild, the temperature equable, and this might have accounted for the generally favourable course of the malady. By the middle of June the epidemic had passed by and extended itself to the surrounding towns and villages. Towards the end of June several missionaries living up country reported the extension of the disease to their districts and that some of the missionaries themselves had been affected.

The disease is next said to have made its appearance in epidemic form in the winter and spring of 1891. The type was severe and the mortality among natives remarkable. There is no way of arriving at accuracy as to the native death rate; but even as late as the month of May the number of recent graves on the surrounding hills prompted an inquiry into the business of the coffin makers, who reported that their trade had not been so brisk since the summer and autumn epidemic of cholera in 1885.

Influenza was next encountered among the foreign community in January 1892. In a family of five with a foreign servant all were affected. Several of their native domestics also suffered. In another family of four all exhibited distinct symptoms. Beyond these there was only one other well-marked case among foreigners. Every care was taken that the disease should not spread by contact. The inclemency of the weather at the time, by preventing those affected from getting about too soon, not only had a good effect in checking extension of the malady, but, in all likelihood, prevented complications. Among natives the disease was not very noticeable.

The above has so far been my experience of the disease as it occurred here. It evidently came from without, in several instances proved to be of a very infectious nature, and travelled inland.

In the winter and spring of 1894 a severe type of whooping-cough went the round of the foreign children. One European adult suffered severely. In this patient and two of the older children the cough, notwithstanding the warm summer, did not lose its paroxysmal character till the following autumn.

Succeeding the first rains of the season, in February, I met with seven well-defined cases of typhoid fever. In two of these there were relapses, but all recovered. Last autumn and winter other five cases of typhoid fever came under treatment.

One of these occurred in a male adult over 40 years of age, who had previously suffered for many years from sprue. This patient had in the course of the fever three severe hæmorrhages from the bowel, accompanied by collapse, was confined to his house for four months, but made a good recovery.

Another case of this series occurred in an elderly missionary. He was taken ill up country, and I saw him for the first time when he was moribund. Insufficient nourishment when ill and the long, trying journey to the port doubtless conduced to a fatal termination.

Excepting in the month of June 1894, characterised by hot nights and damp, muggy days, when 12 cases of dysentery were encountered, the ordinary climatic and bowel affections among Europeans were less frequent than usual.

Besides influenza, typhoid fever prevailed extensively among natives. Measles, whooping-cough, mumps, and small-pox were also very prevalent during both cold seasons.

Nothing of the nature of cholera occurred.

Early in the summer of 1894 rumours got abroad that bubonic plague had reached the port; but at the time natives were unusually free from disease, and information from the best possible sources proved the rumours to be false.

In the beginning of June, owing to the prevalence of plague in Hongkong, precautions similar to those adopted in Shanghai were taken against the possibility of plague being brought into this port by foreign vessels coming from Hongkong and Canton. Whilst these precautions were in force no person with suspicious symptoms came under the notice of the inspecting medical officer. In September the sanitary precautions were rescinded.

During the period reported on the average number of foreign residents in the port and surrounding country was 370. Among them there were 17 births and 8 deaths.

In a case of twins one of the infants was still-born.

The causes of death were as follows:—

- (1.) Influenza, pneumonia, premature confinement, with sudden failure of the heart.
- (2.) Influenza, broncho-pneumonia, fatty degeneration of the heart.
- (3.) Accidental death by a fall from a verandah, which caused fracture of the base of the skull and other injuries.
- (4.) Heat apoplexy in an old resident, aged 62, the subject of fatty degeneration of the heart.
- (5.) Infantile diarrhœa in a hand-fed infant aged 6 months.
- (6.) Accidental death by drowning.
- (7.) Typhoid fever.
- (8.) Malarial anæmia and dysenteric diarrhœa.

Owing to the Customs staff at Pagoda Anchorage having been stationed at Sharp Peak for a portion of the period reported on, I am unable to append the usual table of abstracts from the meteorological observations taken at Pagoda Anchorage.

From approximate meteorological records taken in the Settlement, it would seem that the most remarkable feature was an exceptionally small rainfall. The summer of 1894 had a mean temperature much above the average. Last winter was unusually mild. In March there was a cold burst, and on the 17th snow fell on the surrounding hills. There were no great variations of temperature. No typhoons reached us, and strong winds were seldom experienced.

RAPPORT MÉDICAL

POUR L'ANNÉE FINISSANT LE 31 MARS 1895, SUR LA SITUATION SANITAIRE DE MENGTSZ,

Par le Docteur J. L. MICHOD.

LE défaut de toute pratique médicale, auquel je n'ai pu, malgré tous mes efforts, remédier, depuis mon arrivée à Mengtsz, m'oblige à prévenir quiconque lira ces lignes de l'insignifiance scientifique du présent Rapport.

Appelé de par mes fonctions de médecin du poste douanier de Mengtsz à rédiger un compte-rendu semi-annuel de la situation sanitaire de la région où je suis supposé exercer ma profession, j'aurai complu à cette obligation, dans les limites du possible, lorsque j'aurai relevé les quelques particularités notoires qui se sont produites dans la constitution médicale de l'année qui s'est écoulée du 1 avril 1894 au 31 mars 1895.

Mon précédent Rapport (1893-94) s'est suffisamment appesanti sur les conditions climatiques, saisonnières de Mengtsz, sur l'hygiène et la nosologie des populations qui habitent ce district, pour qu'il soit inutile de revenir aujourd'hui sur ces questions.

La peste de 1894 (mai, juin, juillet et août) a fait ses ravages habituels. Une des premières victimes fut le "t'ing-ch'ai" de la Douane. Malgré l'administration, dès le premier jour de la maladie, du remède préconisé par les missionnaires (0.10 centigrammes d'émétique), remède souverain, d'après eux, les grands symptômes de la maladie se développèrent rapidement, et cinq à six jours suffirent pour emporter le malade. La marche de l'épidémie fut la même que durant les précédentes années, le quartier de la ville le plus éprouvé étant, comme d'habitude, le quartier ouest, le plus proche du cimetière. Les travaux d'assainissement, canaux d'écoulement entourant la cité, effectués par le "Chên-t'ai" ne produisirent pas tous les bons effets qu'on pouvait espérer. Il est vrai que ces travaux furent incomplets et exécutés de la façon la plus primitive.

La variole, que l'on n'avait pas vue depuis plusieurs années à Mengtsz, a refait son apparition pendant l'hiver 1894-95, sans cependant revêtir des formes bien graves, car peu de malades succombèrent. Au déclin de l'épidémie toutefois un certain nombre de décès furent signalés, occasionnés peut-être par le manque de soins, la confiance que les natifs semblaient avoir mise en la bénignité de la maladie.

La santé des membres de la communauté européenne de Mengtsz s'est maintenue bonne, sans qu'il soit possible néanmoins de la qualifier de parfaite.

S'il est difficile de reprocher au climat de Mengtsz son insalubrité, insalubrité relative car elle ne semble guère avoir effet que sur la population indigène, nous devons bien dire cependant que les conditions de l'existence, dans ce coin isolé du monde, sont assez défectueuses pour que

des Européens aient à souffrir d'un séjour prolongé au delà de deux années. Tout être doit à la Providence un ensemble d'attributs naturels dont la libre jouissance est nécessaire sinon à son existence du moins à l'harmonie, l'équilibre de ses facultés physiques ou morales, au maintien de son bien-être. L'homme est essentiellement sociable et l'exercice de cet attribut de sociabilité est indispensable à sa santé morale. Pour qu'il puisse exercer librement cet attribut, il lui faut rencontrer chez les autres hommes avec lesquels le sort le met en contact, à défaut de communauté de race, d'origine, tout au moins communauté de langage, de mœurs, d'idées générales. Tout départ longtemps prolongé de ces conditions naturelles d'existence altère le niveau intellectuel et moral de l'individu qui s'y trouve soumis. Point n'est besoin d'un isolement absolu, de la solitude de l'ermite des premiers temps de l'ère chrétienne, pour amener ces perturbations dans le cerveau de l'être humain. L'isolement relatif dans lequel se trouve jetée une poignée d'Européens, appelés à résider pendant de longues années parfois, dans quelque coin perdu de la Chine, au milieu de populations dont la langue, les coutumes, les idées leur sont souvent totalement étrangères, n'est que trop suffisant pour déterminer des troubles profonds dans la santé morale d'êtres ainsi reclus.

Aussi m'appuierai-je sur cet argument, que soutient le plus élémentaire bon sens, pour demander que la période de séjour imposée aux employés du Service des Douanes chinoises à Mengtsz soit limitée à deux années.

DR. C. C. DE BURGH DALY'S REPORT ON THE HEALTH OF NEWCHWANG

For the Half-year ended 30th September 1895.

THERE have been two births and no deaths.

The health of the European residents during the period under review has been excellent.

There is absolutely nothing of interest to record with regard to Europeans, with the exception of the immunity they enjoyed from choleraic attacks during an epidemic among the Chinese and Japanese.

From widely distant parts of the province reports have come to hand of a serious epidemic of cholera, which proved very fatal to numbers of Japanese and Chinese. The disease was prevalent among the native residents in this town, but was not epidemic to any serious extent.

Whether this disease was true Asiatic cholera or severe choleraic diarrhoea it is difficult to say. Personally, I am inclined to believe it was the latter, as indulgence in fruit, ripe or unripe, followed by a chill, seems to have been the determining cause in most of the cases. At the same time, as I have before pointed out, the water supply is a constant danger, and all water-borne diseases are given every chance of becoming widely spread.

Fouled food has in the past cost many lives in this small community, and will cost many more unless the residents take the necessary steps to obtain control over the water, milk, meat, and general food supply.

Meanwhile, until this is accomplished, it behoves every resident to adhere strictly to the following simple rules:—

1. Boil the water.
 2. Boil or, better still, sterilise the milk.
 3. Eat sparingly of fruit, avoiding water melons.
 4. Keep the abdominal organs warm.
-

DR. E. W. VON TUNZELMANN'S REPORT ON THE HEALTH OF CHEFOO

For the Year ended 30th September 1895.

THE winter of 1894-95 was exceptionally severe, especially during the later months, the inner harbour being frozen solidly across for some weeks, and the outer anchorage blocked with masses of ice, which were bound together by a thin ice film, when the weather was calm enough to allow this to form. During the first half of the period under consideration the health of the community was very good, there being no serious cases of illness and no deaths. The summer of 1895 was unusually cool and wet, a great deal of rain having fallen in July and August. The health of the Chefoo residents has been nearly as good as during the winter, for there were only 92 cases of sickness during the second half of the year, as compared with 84 during the first half; the slight increase was due to bowel complaints, and of these, two ended fatally. In the native town, however, the summer has been very unhealthy; the mortality in July is usually pretty high, mostly from various bowel complaints, due largely to the excessive consumption of unripe and of damaged melons and other fruits, as well as to the very inferior quality of the water supply. The native town is entirely dependent for its water upon shallow surface wells, all of which are probably contaminated with sewage and filth of every description. This summer the mortality was exceptionally high, and in many cases death occurred so speedily as to suggest that they were due to Asiatic cholera; however, the cases seen at the missionary dispensaries were nearly all of a non-specific character, choleraic diarrhœa, dysentery, and the like. A severe outbreak of choleraic diarrhœa occurred on board two Russian men-of-war; four cases were sent one night to the General Hospital, of which three died before morning, and several deaths occurred on board. These ships shifted berth over to the lighthouse island, where the men were landed and the vessels disinfected. An inquiry was subsequently held, and the disease officially stated to be choleraic diarrhœa, not Asiatic cholera.

Several vessels of the French squadron had outbreaks of severe and fatal forms of bowel complaints among their crews; one ship suffered so much that she also was sent over to the island, where the crew was landed and the vessel disinfected. Most of the worst cases were sent to the General Hospital, and many arrived in a dying condition. This was a very trying addition to the work of the nursing sisters, who were already exerting themselves beyond their strength, as the hospital for many weeks was crowded to its utmost capacity. The removal of these dying men to the hospital secured for them a euthanasia impossible in a crowded ship, and enabled the last rites of the church to be administered to them in comfort. After the stress of the work was over two of these nursing sisters succumbed to acute dysentery; one died, and one is slowly regaining her health, after a long and very severe illness.

CUSTOMS STAFF.

OCTOBER 1894 TO MARCH 1895.

APRIL TO SEPTEMBER 1895.

| DISEASE. | ADULTS. | | CHILDREN. | | TOTAL. |
|-------------------------|---------|---------|-----------|---------|--------|
| | Male. | Female. | Male. | Female. | |
| Bronchial catarrh..... | 2 | ... | ... | ... | 2 |
| Sore throat | ... | 1 | ... | ... | 1 |
| Dyspepsia | 4 | 2 | ... | ... | 6 |
| Diarrhoea | ... | 1 | ... | ... | 1 |
| Hæmorrhoids | 1 | ... | ... | ... | 1 |
| Varicose veins | 1 | ... | ... | ... | 1 |
| Eczema | ... | ... | 1 | ... | 1 |
| Purpura | ... | ... | 1 | ... | 1 |
| Peripheral neuritis ... | 1 | ... | ... | ... | 1 |
| Venereal disease | 1 | ... | ... | ... | 1 |
| Fever, intermittent ... | 2 | ... | ... | ... | 2 |
| " remittent | ... | 1 | ... | ... | 1 |
| Vulvitis | ... | ... | ... | 1 | 1 |
| Rheumatism, chronic.. | 1 | ... | ... | ... | 1 |
| Anæmia | ... | 1 | ... | ... | 1 |
| Wound | 1 | ... | ... | ... | 1 |
| Sprain | 1 | ... | ... | ... | 1 |
| Abscess, boils | ... | 1 | 2 | ... | 3 |
| TOTAL..... | 15 | 7 | 4 | 1 | 27 |

| DISEASE. | ADULTS. | | CHILDREN. | | TOTAL. |
|-----------------------------|---------|---------|-----------|---------|--------|
| | Male. | Female. | Male. | Female. | |
| Bronchial catarrh..... | ... | 1 | ... | ... | 1 |
| Sore throat | 1 | ... | ... | ... | 1 |
| Dyspepsia | 5 | 1 | ... | ... | 6 |
| Diarrhoea, acute catarrhal. | ... | 2 | 1 | 1 | 4 |
| " subacute catarrhal. | 3 | 1 | ... | ... | 4 |
| " dysenteric | 1 | ... | ... | ... | 1 |
| " choleraic.. | 1 | ... | ... | ... | 1 |
| Dysentery, acute | ... | ... | 1 | ... | 1 |
| Neuralgia | 2 | 1 | ... | ... | 3 |
| Febricula | ... | ... | 1 | ... | 1 |
| Urticaria | ... | ... | 1 | ... | 1 |
| Venereal disease | 3 | ... | ... | ... | 3 |
| Fever, intermittent... | 4 | ... | ... | ... | 4 |
| Diseases peculiar to women. | ... | 2 | ... | ... | 2 |
| Lumbago | ... | 1 | ... | ... | 1 |
| Lymphangitis (leg) ... | 1 | ... | ... | ... | 1 |
| Catarrhal conjunctivitis. | 1 | ... | ... | ... | 1 |
| Abscess | 1 | ... | ... | ... | 1 |
| TOTAL..... | 23 | 9 | 4 | 1 | 37 |

During the first six months' period four members of the out-door Customs staff were on the sick list for 56, 8, 4, and 9 days, suffering respectively from intermittent fever, chronic rheumatism, sprain, and peripheral neuritis (malarial).

During the second six months' period 10 of the out-door Customs staff were on the sick list. Of these, one died; five had intermittent fever and were on the list for 21, 20, 4, 8, and 7 days respectively; two had orchitis for 4 and 9 days respectively; one had lymphangitis of the leg for 7 days; and one, dyspepsia *e potu* for 3 days. The fatal case was that of our late Harbour Master, a universally esteemed and much regretted member of the community.

Though only 59 years of age, he appeared older, his arteries being extensively atheromatous, rigid, with visible pulsation. He was bowed, with white hair, lungs emphysematous, and heart dilated, results of the winter cough from which he had suffered during several years. On 22nd July he had a sharp attack of choleraic diarrhoea, which was speedily checked, the vomiting and diarrhoea having completely ceased next day; but the violent vomiting had produced a large inguinal hernia on the right side, easily reduced but returning immediately. He kept his bed for a few days, and then the cough, waiting for a truss to arrive from Shanghai. On 1st August he complained of loss of appetite and slight diarrhoea. The latter, temporarily checked by a bismuth mixture, recurred on the 6th, when it was again stopped by the same means; but there was progressive failure of strength, and about midnight on the 6th he died quietly in his sleep.

Of the intermittent fever cases, one was that of an officer of the *Newchwang* lightship. His habits as regards alcohol had long been indiscreet, and he first came under treatment for profound anorexia and

extreme feebleness, the latter probably due to poisoning by the products of abnormal proteid disintegration; his breath was inexpressibly offensive. In a few days an old malarial taint manifested itself, only to a slight extent, yet enough in his debilitated condition to modify profoundly his consciousness; no doubt his organ of mind had been damaged by a long persistence in unphysiological habits, in spite of his boast that he had hardly ever had a day's sickness. He was treated in the General Hospital for 10 days; his mental confusion and insomnia soon yielded, under careful dieting and abstinence from alcohol, and he was discharged in much improved health.

Another case was that of a Chief Examiner, an elderly man in such a state of health that one day of moderate fever (temperature 102°) reduced him to a critical condition. In his normal condition of health all his organs, the heart in particular, were working to the full extent of their power; being so without reserve, however, if his fever had not promptly yielded to treatment it would have proved fatal.

The wife of one of the members of the Customs staff, four months encephalic, began about 1st July to suffer from very severe vomiting. All the usual therapeutic measures to arrest it were tried without success, the rectal injection of chloral and bromides, which I have rarely known to fail, alone being of any use, and this only temporarily. Finally, on 17th July, after consultation with my friend Dr. DOUTHWAITE, we decided that the production of abortion was necessary. This was effected without difficulty, though the products of conception were not discharged until some weeks had elapsed. The desired effect was produced at once; the vomiting ceased, and the patient speedily regained her normal state of health.

OTHER CHEFOO RESIDENTS.

OCTOBER 1894 TO MARCH 1895.

| DISEASE. | ADULTS. | | CHILDREN. | | TOTAL. |
|---------------------------------|---------|---------|-----------|---------|--------|
| | Male. | Female. | Male. | Female. | |
| Bronchial catarrh..... | 1 | 8 | 2 | 3 | 14 |
| Tonsillitis..... | 1 | ... | ... | 1 | 2 |
| Sore throat..... | 3 | 1 | ... | ... | 4 |
| Pleurisy..... | ... | ... | 1 | ... | 1 |
| Pneumonia..... | 1 | ... | ... | ... | 1 |
| Dyspepsia..... | 1 | 1 | ... | ... | 2 |
| Dyspepsia e potu..... | 4 | ... | ... | ... | 4 |
| Diarrhoea, acute catarrhal..... | 2 | 1 | 1 | ... | 4 |
| „ subacute catarrhal..... | 3 | ... | ... | 1 | 4 |
| Skin diseases..... | 1 | ... | 1 | ... | 2 |
| Neuralgia..... | 1 | ... | ... | ... | 1 |
| Venereal disease..... | 4 | 1 | ... | ... | 5 |
| Lumbago..... | 1 | ... | ... | ... | 1 |
| Rheumatism, subacute..... | ... | 1 | ... | ... | 1 |
| Anæmia..... | ... | 5 | ... | ... | 5 |
| Varicella..... | ... | ... | ... | 1 | 1 |
| Abscess, boils..... | 3 | ... | ... | ... | 3 |
| Catarrhal conjunctivitis..... | 2 | ... | ... | ... | 2 |
| TOTAL..... | 28 | 18 | 5 | 6 | 57 |

APRIL TO SEPTEMBER 1895.

| DISEASE. | ADULTS. | | CHILDREN. | | TOTAL. |
|---------------------------------|---------|---------|-----------|---------|--------|
| | Male. | Female. | Male. | Female. | |
| Bronchitis, chronic ... | ... | 1 | ... | ... | 1 |
| Tonsillitis..... | ... | ... | 1 | 1 | 2 |
| Sore throat..... | 1 | ... | ... | ... | 1 |
| Dyspepsia..... | 2 | 3 | ... | ... | 5 |
| Dyspepsia e potu..... | 2 | ... | ... | ... | 2 |
| Diarrhoea, acute catarrhal..... | 4 | 4 | 2 | ... | 10 |
| „ subacute catarrhal..... | 2 | ... | ... | 1 | 3 |
| „ dysenteric choleraic..... | 2 | 1 | 1 | ... | 3 |
| Cholera..... | 1 | ... | ... | ... | 1 |
| Dysentery, acute..... | 1 | 3 | ... | 1 | 5* |
| Skin diseases..... | 1 | ... | 1 | ... | 2 |
| Neuralgia..... | ... | 3 | ... | ... | 3 |
| Sciatica..... | 1 | ... | ... | ... | 1 |
| Venereal disease..... | 2 | ... | ... | ... | 2 |
| Fever, intermittent..... | ... | 3 | 1 | ... | 4 |
| Influenza..... | 1 | ... | ... | ... | 1 |
| Varicella..... | ... | ... | ... | 1 | 1 |
| Abscess, boils..... | 3 | ... | ... | ... | 3 |
| Sprains..... | 2 | ... | ... | ... | 2 |
| Insomnia..... | ... | 1 | ... | ... | 1 |
| TOTAL..... | 25 | 20 | 6 | 4 | 55 |

* 1 death.

Of the cases occurring among the other Chefoo residents, the only one requiring particular mention is that of one of the nursing sisters at the General Hospital.

She was convalescing from a severe attack of dysentery when symptoms of intestinal obstruction suddenly supervened, and concurrently a swelling became sensible over the region of the cæcum; her condition forbade the idea of operation being entertained, and symptomatic treatment only was adopted. There was never any vomiting; she took pancreatised food well; and when a piece of gangrenous gut was discharged and the obstruction ceased, a faint hope of her ultimate recovery was aroused. However, two days later profuse and uncontrollable hæmorrhage came on and speedily proved fatal.

It is fortunate that the supervention of intussusception on a disease in itself so serious as acute dysentery is very uncommon, as such a conjunction is unlikely to prove other than fatal.

Another of the nursing sisters was convalescing from a severe attack of acute dysentery when, on 29th September, a very profuse hæmorrhage from the bowel occurred. This was checked with great difficulty; her pulse ran up to 180, and her condition appeared hopeless for some days. Thanks, however, to assiduous nursing, etc., she is now (1st November) convalescent.

VISITORS (SHIPPING INCLUDED).

OCTOBER 1894 TO MARCH 1895.

| DISEASE. | ADULTS. | | CHILDREN. | | TOTAL. |
|------------------------|---------|---------|-----------|---------|--------|
| | Male. | Female. | Male. | Female. | |
| Bronchial catarrh..... | 1 | 2 | ... | ... | 3 |
| Dyspepsia e potu..... | 1 | ... | ... | ... | 1 |
| Diarrhoea, acute..... | 2 | ... | ... | ... | 2 |
| " chronic..... | ... | 1 | ... | ... | 1 |
| Skin diseases..... | 1 | ... | ... | 1 | 2 |
| Heart disease..... | 1 | ... | ... | ... | 1 |
| Febricula..... | ... | ... | ... | 1 | 1 |
| Anæmia..... | ... | 1 | ... | ... | 1 |
| Dental abscess..... | 1 | ... | ... | ... | 1 |
| Contusions, gun-shot.. | 2 | ... | ... | ... | 2 |
| Dog-bite..... | 1 | ... | ... | ... | 1 |
| TOTAL..... | 10 | 4 | ... | 2 | 16 |

APRIL TO SEPTEMBER 1895.

| DISEASE. | ADULTS. | | CHILDREN. | | TOTAL. |
|-------------------------------------|---------|---------|-----------|---------|--------|
| | Male. | Female. | Male. | Female. | |
| Bronchitis, acute..... | ... | ... | 1 | ... | 1 |
| Tonsillitis..... | 1 | ... | ... | ... | 1 |
| Dyspepsia..... | 1 | ... | ... | ... | 1 |
| Diarrhoea, acute catarrhal..... | 8 | 2 | 5 | ... | 15 |
| " subacute catarrhal..... | ... | 3 | 3 | ... | 6* |
| " choleraic..... | 6 | ... | ... | ... | 6* |
| Cholera..... | 1 | 2 | 1 | ... | 4† |
| Dysentery, acute..... | ... | 1 | ... | ... | 1 |
| Skin diseases..... | 1 | ... | 1 | ... | 2 |
| Venereal disease..... | 5 | ... | ... | ... | 5 |
| Rheumatism..... | 3 | ... | ... | ... | 3 |
| Gout..... | ... | 1 | ... | ... | 1 |
| Fever, remittent..... | 2 | ... | ... | ... | 2 |
| " intermittent..... | ... | ... | 1 | ... | 1 |
| Diseases peculiar to women..... | ... | 1 | ... | ... | 1 |
| Eye diseases..... | 3 | 1 | ... | ... | 4 |
| Caries..... | 1 | ... | ... | ... | 1 |
| Renal colic..... | 1 | ... | ... | ... | 1 |
| Cystitis..... | 1 | ... | ... | ... | 1 |
| Febricula..... | ... | ... | ... | 2 | 2 |
| Typhoid fever..... | 1 | ... | ... | ... | 1 |
| Wounds and fractures..... | 5 | ... | 1 | ... | 6 |
| Sprains, abscesses, contusions..... | 4 | ... | ... | ... | 4 |
| TOTAL..... | 44 | 11 | 13 | 2 | 70 |

* 1 death.

† 2 deaths.

Under ordinary circumstances there are but few, if any, visitors in Chefoo during the winter; the small number who wintered here in 1894-95 were mostly refugees from Weihaiwei.

In July the supposed prevalence of cholera in the native town and on the men-of-war caused a panic among the visitors, and would no doubt have induced many to seek safety elsewhere had not the wide prevalence of cholera all over the Far East made it almost impossible to find a spot secure from its ravages. This scare certainly served the useful purpose of inciting everybody to take uncommon precautions, and in consequence the incidence of serious disease upon the foreign community was very slight.

The fatal case of choleraic diarrhoea was that of the captain of a steamer running between Kiukiang and Tientsin.

Shortly after leaving Kiukiang the captain was taken sick with moderately severe diarrhoea and vomiting; he was intelligently treated by his first officer, aided by the little handbook usually carried in the medicine chest, and appeared to be recovering. However, some 24 hours before reaching Chefoo, into which port the steamer put to seek aid, he was taken much worse, and when seen was in the algid state, moribund. He died two hours after arrival in port.

The fatal case of sub-acute diarrhoea was that of a young lady who had been successfully treated in Shanghai for bowel disorder and had come here to recuperate.

Diarrhoea and vomiting, neither very severe, recurred soon after her arrival here, and she and her friends were satisfied to treat these symptoms themselves. They did so, with no great success, for three to four days, when the vomiting of an *ascaris lumbricoides* convinced them that here lay the *fons et origo* of all the trouble; and they consequently administered worm powders in a way which rapidly reduced her to the last state of exhaustion. When I saw her, after 10 to 11 days of this treatment, she was so exhausted that she could not raise her head from the pillow, nor speak above a whisper; her pulse was imperceptible and her extremities cold. It was the last-stated phenomenon which induced her friends to seek professional aid; and it is a curious instance of the often-observed blindness of people, even sometimes of trained observers, to a condition which has gradually evolved itself under their eyes, that none of the people about her realised in the least the gravity of her condition. The stomach was in an excessively irritable condition; and though one dose of a bismuth mixture allayed this, and enabled her to retain some nourishment, she was too far gone to permit of recovery. Digitaline hypodermically caused only a transient and slight recovery in the pulse, and she died quietly about 12 hours after I first saw her.

An inquest held by the British Consul resulted in the obvious verdict of death from natural causes, together with want of timely medical aid.

The two deaths from cholera were those of a lady from Tientsin and her young son.

She was taken violently ill with vomiting, cramps, and diarrhoea about midnight, and when I saw her, about 10 A.M., was in the algid stage. Frequently repeated doses of ether and strophanthus, together with large tannin enemata, produced a very hopeful rally, but towards evening she again became collapsed, and died early next morning.

On the day of her death her little boy was taken ill about noon. Earlier in the day he had complained of pains in the stomach, but had subsequently eaten a good breakfast, and his complaint was consequently thought nothing of. He was at once removed to the General Hospital and assiduously tended. Nothing, however, availed to stay the vomiting and diarrhoea; collapse soon came on, and he died some 14 hours after the onset of the first serious symptoms.

In the case of the mother, her illness was attributed by the people about her to an extraordinary dietetic indiscretion, but of this there was never any sign in the stools; and the discovery in these, as

well as in scrapings from the soiled sheets, of comma bacilli in profusion established the diagnosis of cholera morbus.

The fact that unboiled water from a well of the usual type, *i.e.*, a surface one, was used in the household affords an adequate explanation of these two cases; and that nobody else in the house suffered must be attributed solely to good luck. Cholera bacilli may be taken into the stomach with impunity if it happen to be in a condition to deal summarily with the invader, but it is dangerous to rely upon such conditions.

As further on I shall have occasion to refer to cases of cholera and choleraic diarrhoea, I may digress to remark that clinically these are hardly distinguishable; though their causes, *i.e.*, the microbes producing them, are different, yet both produce identical morbid conditions, and one fatal case of violent diarrhoea is just like any other in its clinical aspect, whatever be its causation. The one is more often fatal than the other; but they can only be accurately distinguished by the use of the microscope and the incubator, for which, in the rush of practice, there is not always leisure. In the above table the only cases classified as cholera are those in which the characteristic microbes were found; if absent or not searched for the case is classified under the alternative heading.

Some of the cases of acute catarrhal diarrhoea in children were very severe, notably two—such as are commonly designated “infantile cholera.”

In one of these cases the onset of the disease was indicated by a violent fit, which alarmed the attendants.

During the year under consideration five children were born at full term, three females and two males; there was one abortion, at the third month, and one premature delivery, at the seventh month. Except in the following instances, labour was natural and recovery took place without incident:—

In one case the breech presented, and the child was born at noon, during my absence at the bedside of a case of cholera. Traction had been made; and I found the arms extended above the head, and the latter also extended, with the chin caught above the pubes. I extracted with forceps, without much difficulty. The child was flaccid and of a dark blue colour; but the heart was beating, and by the customary methods respiration was induced. Two days after birth the baby had a feverish attack for some 20 hours, not above 102°; the navel was dry and healthy, and, failing other cause, I attributed the fever to some slight morbid state of the lungs, consequent on mucus, etc., having been drawn into the bronchi, though no physical signs of any such condition could be detected. The fever soon subsided, and the child is now thriving.

In another case, that of a lady from Taku, a perfectly normal a-febrile recovery took place. 16 days after labour, pain was complained of in one breast; there was a suspicion of induration over a small area, but no fever, and all the symptoms vanished after a few hours' fomenting with hot flannels. On the 19th day pain was again complained of, more severe; the evening temperature rose to 100°·6, and there was distinct tenderness and induration over a limited area. Next day the temperature was normal, morning and evening, and all the symptoms were relieved; and two days after the patient declared herself, and appeared to be, quite well. Four days later she left Chefoo, returning home. I was as much grieved as astonished to hear next spring that she had died in February of septicæmia resulting from abscess of the breast.

One other case, 52 days after her confinement, from which she had made an uneventful recovery, developed a small superficial abscess in one breast, apparently owing to suppuration occurring about an

occluded milk-duct. It opened and discharged spontaneously, being more like a boil than an abscess, and speedily headed completely. However, I advised that the baby be weaned, as there were other indications that this was desirable, or soon would be.

In only one of these five cases has the mother been able to nurse her baby for more than two months, and this one was the only non-European. This is a subject I have alluded to in a previous Report.

For vaccination I now always use Saigon calf lymph and have no failures; when using lymph from England my per-centage of failures was very large.

CHEFOO GENERAL HOSPITAL (FOREIGNERS ONLY), October 1894 to September 1895.

| DISEASE. | Number of Cases. | Discharged from Hospital. | Died in Hospital. | DISEASE. | Number of Cases. | Discharged from Hospital. | Died in Hospital. |
|------------------------------------|------------------|---------------------------|-------------------|---|------------------|---------------------------|-------------------|
| Bronchitis | 6 | 6 | ... | Subacute rheumatism | 3 | 3 | ... |
| Pneumonia | 3 | 3 | ... | Cystitis | 3 | 3 | ... |
| Pleurisy | 1 | 1 | ... | Venereal disease | 15 | 15 | ... |
| Phthisis | 1 | ... | 1 | Orchitis | 1 | 1 | ... |
| Dysentery, acute | 7 | 5 | 2 | Burn | 1 | 1 | ... |
| " chronic | 4 | 4 | ... | Wounds | 3 | 3 | ... |
| Chronic diarrhoea and anemia | 20 | 19 | 1 | Fracture, compound (bones of leg) | 1 | 1 | ... |
| Acute gastro-enteritis | 4 | 4 | ... | Contusions | 2 | 2 | ... |
| Choleraic diarrhoea | 7 | 6 | 1 | Abscesses | 6 | 6 | ... |
| Cholera | 12 | 3 | 9 | Inguinal hernia (operation) | 1 | 1 | ... |
| Hepatic congestion | 3 | 3 | ... | Periostitis (tibia) | 1 | 1 | ... |
| Bright's disease, chronic | 1 | ... | 1 | Apoplexy | 1 | 1 | ... |
| Heart disease | 2 | 2 | ... | Sciatica | 1 | 1 | ... |
| Malaria | 16 | 15 | 1 | Catarrhal ophthalmia | 1 | 1 | ... |
| Typhoid fever | 7 | 6 | 1 | Delirium tremens | 1 | ... | 1 |
| Eczema | 3 | 3 | ... | | | | |
| Acute rheumatism | 1 | 1 | ... | | | | |
| | | | | TOTAL | 139 | 121 | 18 |

The great majority of the hospital cases were those of men from the French squadron.

A large number suffered from a very obstinate form of chronic diarrhoea, usually contracted at Saigon, and in most cases having lasted for several months. An exclusive diet of predigested milk gruel proved extremely successful.

The one fatal case was that of a man who was on the point of leaving the hospital cured when a violent attack of choleraic diarrhoea carried him off. His comrades declared that he had consumed a number of raw apples, smuggled into the hospital—a fact which, if correct, would adequately explain the unhappy event.

Nearly all the cholera cases were admitted in a dying condition, as before mentioned.

In one of these cases I tried as a last resource the intra-venous injection of a quart of normal saline solution. The effect was magical. The man, who had been quite unconscious for the 9 to 10 hours subsequent to leaving his ship, recovered consciousness, expressed himself as being quite comfortable, chatted with the sisters and the other patients, and finally turned on his side and went quietly off to sleep. The alteration in his appearance was no less striking, as his sunken blue cheeks filled out and nearly regained their normal colour, and the icy, clammy limbs grew warm and natural. This improvement, however, only lasted some two hours. He awoke in great discomfort, complained of bitter disappointment, and rapidly sank into a state of collapse which passed into death.

The case of Bright's disease was that of a Russian, who was admitted in a dying condition, waterlogged and uræmic.

The fatal case of malaria was admitted in a state of deep coma, with a temperature of 106° . His temperature, by iced baths and antipyretic drugs, was several times reduced to 100° ; but he never regained consciousness, and died the day after admission.

With regard to the cases of acute dysentery, it may be of interest to remark that in several I used the powdered ipecacuanha without emetin, but found it so very inferior to the liquid extract of the United States Pharmacopœia, which I usually prefer, that I ultimately ceased using it. In one case, not a hospital one, however, I used Merck's liquid extract without emetin with such success that I intend making further trials next year. The powdered drug seems to act as an irritant. I may observe that in several instances I noted how much superior opium by the mouth, preferably in pill form, is to the hypodermic injection of morphia, for the purpose of checking diarrhœa, helping the retention of ipecacuanha, etc.

The hospital was put at the disposal of the Chinese authorities gratuitously when wounded men were pouring into Chefoo, some new native wards having recently been built; but only seven Chinese wounded, from Weihaiwei, came for treatment, and these were sent in by the Taot'ai. The hospitals of the China Inland Mission, which are better known to the Chinese, absorbed nearly all the cases.

DR. JAMES H. MCCARTNEY'S REPORT ON THE HEALTH OF CHUNGKING

For the Year ended 30th September 1895.

CUSTOMS METEOROLOGICAL TABLE, October 1894 to September 1895.

| MONTH. | THERMOMETER. | | | | BAROMETER. | | RAINFALL. |
|-----------------|--------------|-----------|----------|----------|------------|---------|-----------|
| | Dry Bulb. | Wet Bulb. | Maximum. | Minimum. | Highest. | Lowest. | |
| 1894. | ° F. | ° F. | ° F. | ° F. | Inches. | Inches. | Inches. |
| October | 88 | 87 | 90 | 54 | 29.42 | 29.02 | 5.02 |
| November | 73 | 72 | 76 | 44 | 29.62 | 29.12 | 0.70 |
| December | 63 | 58 | 64 | 43 | 29.62 | 29.02 | 0.92 |
| 1895. | | | | | | | |
| January | 58 | 58 | 60 | 39 | 29.50 | 29.02 | 0.26 |
| February | 73 | 70 | 78 | 42 | 29.50 | 28.94 | 0.74 |
| March | 80 | 71 | 84 | 40 | 29.50 | 28.78 | 1.94 |
| April | 101 | 77 | 104 | 53 | 29.34 | 28.65 | 3.35 |
| May | 95 | 78 | 99 | 61 | 29.33 | 28.92 | 7.34 |
| June | 97 | 85 | 97 | 66 | 29.19 | 28.76 | 5.27 |
| July | 93 | 81 | 93 | 66 | 29.10 | 28.82 | 5.11 |
| August | 94 | 84 | 96 | 70 | 29.10 | 28.86 | 3.24 |
| September | 93 | 81 | 92 | 65 | 29.36 | 29.06 | 2.62 |

As seen by the above table, our warmest weather was during April and May, the maximum, 104°, being reached in April. Cool and pleasant weather was experienced in July and August, which was unusual for that time of year. During these two months the thermometer never exceeded 96°. The past summer was the driest since the opening of the Customs here, now nearly five years, and the latter six months were the most unhealthy, due, in part at least, to the ladies and children not being allowed, as heretofore, to enjoy the surrounding mountains, owing to the threatening riots.

The principal complaints among the foreign residents during the last six months were dysentery (mostly among children) and *han-ping* (寒病) or remittent fever, the latter being caused by the heat and dryness of the early summer. In the fever cases large doses of quinine, as well as small doses frequently repeated, proved of little value. Usually the pulse stayed at 120 or thereabouts for over two weeks, and the fever was kept down by frequent small doses of antifebrine. After convalescence began, recovery was in each case rapid and complete. One case of dysentery, that of my own wife, proved fatal.

The trouble began in October. After a severe attack lasting two weeks convalescence was established and recovery proceeded slowly for the next fortnight, when, owing to injudicious exercise, a relapse ensued. From that time until her death, which took place in Ichang in January (whither she had been

removed, in the hope that a change would be beneficial), the pulse was only once below 120, and generally registered 130 and over. For more than a month before she died the symptoms were diarrhoeal rather than dysenteric in character, with eight or nine stools during the 24 hours. Death was caused by muscular atrophy of the heart.

Two other deaths have to be recorded, one taking place on a boat bound down river, whither the patient was being removed for fear of a riot in Chungking.

Patient No. 2 reached Chungking in March, suffering from valvular disease of the heart, as well as degeneration of its muscular fibres, caused, no doubt, by a syphilitic attack contracted in youth and never properly treated. When first seen he had neither eaten nor slept for several days. Could not sleep owing to dyspnoea; pulse, over 140 per minute. The attack came on while on his way from Ichang to Chungking, travelling alone. At one time convalescence was established, but did not continue long, as the patient contracted dysentery, which proved stubborn to treatment. During the convalescent stage he became demented and remained so for two weeks or more. He was subsequently sent down the river in company with some medical refugees going to Shanghai, but he did not reach Ichang.

The other death was that of a married lady and was caused by heart-clot following labour induced for eclampsia. When taken with the first eclamptic fit she was chloroformed, and dilatation of cervix commenced. Within three hours and a half twin boys were delivered feet first; they had been dead, no doubt, since the first convulsion, asphyxiated by the violent contractions of the abdomen. After delivery the mother regained consciousness and had no return of the eclampsia symptoms. She did well for the first five days, had no fever, the urine cleared up, and she complained of but little pain. On the morning of the 6th day there was a slight rise of temperature, which was soon reduced by full doses of quinine. The 7th day she was a little incoherent in speech, but had no bad symptoms. On the morning of the 8th day I was hastily summoned and found her dying. The attendants reported that her condition had changed suddenly and without any warning. Hence heart-clot was diagnosed.

Several cases of leprosy were encountered during the year. The following are notes of the only case that remained any length of time and that showed the effects of treatment:—

The patient, a farmer residing at a place over 300 *li* from Chungking, first noticed the present trouble several years ago and found that he gradually got worse. The form of leprosy from which he suffered was the anæsthetic. The anæsthesia principally involved the arms, legs, and face. Only on the face were any of the characteristic spots noticeable, and these but faintly. His eyebrows had entirely fallen out, and his lips, eyelids, forehead, and cheeks had that swollen, livid, anæsthetic condition peculiar to this form of leprosy. He was treated with iodide of potassium and gurgun oil, and at the end of a month showed great improvement; the anæsthesia of his face, arms, and legs was not so marked, and he himself seemed much pleased with the treatment. The eyebrows began to grow, and his face lost its former swollen, livid appearance. He has not been heard from since he left the hospital.

My five years' observations of leprosy show that there are no cases in Chungking, but that all the patients come from a district in Yo-ch'ih-hsien (岳池縣), over 300 *li* north-west of Chungking, on the Chia-ling River (嘉陵江). It is said that a large number of lepers live there, and that their fellow-countrymen look upon them as outcasts. When a person is found to have leprosy, a small house is built for him on some hill, and food is daily taken and deposited somewhere near, whence it is fetched by the leper after the bringer has gone. In this way he manages to prolong a miserable existence. I find that leprosy yields to proper treatment if pursued for sufficient time, say a month. The treatment found most satisfactory has been tonics and iodide of potassium, with gurgun oil emulsion as an external application.

I encountered but one case of typhus fever, the first seen in five years.

The patient, a man about 35 years of age, was brought to hospital in a delirious condition by his brother, with a temperature of 104° in the axilla and a very rapid and weak pulse. The same evening he became unconscious and remained so for three days. Milk and beef tea were given by enema, as well as large doses of quinine. The following day the characteristic mulberry eruptions appeared beautifully; the patient regained consciousness; the fever dropped 3° , and never again exceeded $100^{\circ}.5$. Convalescence set in about 10 days later. The treatment, large doses of quinine by enema, had the desired effect.

Injuries arising from foot-binding are very common. The women in this province, and especially in Chungking, bind their feet very tight, much tighter than is commonly observed in other parts down river. The practice, too, is more general, for the very poor as well as the farming community bind, and seem to regard large feet as reproachfully as would persons of the wealthy class. On close questioning, not one woman in a hundred will say that she is not a constant sufferer, owing to the tight bandages. Many foreigners in China imagine that after a woman reaches maturity she is free from pain, but this is by no means the case. I have failed to find one elderly woman (say 60 or 70 years of age) who did not complain of pain. Women with bound feet cannot stand for any length of time without undergoing great suffering, not to mention the agony endured during the early period of binding. Foot-binding very often causes paralysis of the legs, and in every case I found that the patient rapidly recovered when her feet were unbound and left so, aided by frequent bathing and electrical treatment. As the result of foot-binding, ulcers and eczema are very common, not only among the poor, but also among the wealthy and official classes. I have met with several cases of gangrene of the toes, and one case of gangrene of both feet, which were subsequently amputated. In two other cases nature had amputated both feet, after gangrene caused by tight bandaging.

During my residence here I have seen but three cases of stone in the bladder, two of these (both for operation) presenting themselves this year.

CASE 1.—Patient, 56 years of age, is a literary man (second degree) from a place in the Kweichow (貴州) province, near the border of Kwangsi (廣西). Married, with several children. Present trouble began about two years ago; since then he has been in constant agony during micturition, but not entirely free at other times. A large stone was diagnosed, and after the ordinary preparation it was removed by a left lateral perineal operation, which only occupied about 10 minutes. The stone was readily grasped and removed; it weighed $1\frac{3}{4}$ ounces, and measured $2\frac{1}{4}$ inches by $1\frac{1}{2}$ inches. No hæmorrhage followed. The bladder was washed with boracic acid solution and the ordinary treatment followed out, with the exception that no lithotomy tube was used. The patient had no rise of temperature until the third week, when it reached 103° ; on investigation, it was found to be due to malaria, caused by the excavation of earth near his room. On removal to another room the fever soon left him and did not return. Discharged cured in five weeks.

CASE 2.—Male; married; 61 years of age. Present trouble began about two years ago. When first seen he was suffering much pain, not only during micturition but at other times also, caused by inflammation of the bladder. This case is interesting from the fact that the calculi were formed by the presence of a red pepper $1\frac{1}{2}$ inches in length in the bladder (probably the first case on record). Here the left lateral operation was also performed, and three stones were removed, two of which were attached to the red pepper, one at each end. The weight of the stones was 152 grains. The pepper was broken during the extraction, but otherwise presented a natural appearance; it was well preserved and looked

as though it might have been there but a few days. Patient could give no history of its presence. The Chinese theory is that the man swallowed the pepper and in some way it got into the bladder. I thought that it might have been slipped into the urethra during childhood and subsequently forgotten, or been used as a kind of suppository for the cure of disease and accidentally slipped in. However, this is mere conjecture. It is now 10 days since the operation, and the patient is doing well.

I have performed over 100 major operations. The following case is worthy of record as illustrating the exceptionally rapid growth of an enormous tumour and its peculiar location.

Patient is a business man of middle age; single. About five months previous he noticed a slight lump on the inner aspect of the right thigh, which rapidly increased in size. It gave him no pain, but it was so large that he could not walk with comfort. The growth extended the whole length of the thigh, and I diagnosed aneurism of femoral artery; but every attempt at diagnosis only gave negative results. He was put under chloroform and an incision parallel to the axis of the growth was made over the most prominent portion. When the incision was carried through the muscle, no sooner were the bands which bound it down loosened than the projecting portion of the tumour protruded, and I discovered a lipoma (脂瘤). It peeled out of its fibrous capsule without any trouble; in fact, as soon as the capsule retaining it was incised, it came out by itself. It weighed over 100 ounces.

DR. E. RUEL JELLISON'S REPORT ON THE HEALTH OF WUHU

For the Half-year ended 30th September 1895.

TAKING the sick list as a criterion, Wuhu appears to be a very desirable city for residence purposes. To be sure, there are some who find it impossible to live in Wuhu, but the deleterious influence—whatever it is—acts in a very pointed and extremely rapid manner. We may call the fevers which are prevalent here Wuhu fever or malarial fever or miasmatic fever, but it is rare to find a person who does not suffer occasionally from mild attacks. Some readily yield to a 10-grain dose of quinine, while others persist for days, and it may be for weeks, before the system returns to its normal temperature. Protean are the symptoms ascribed to malaria. One symptom more especially noticed here is a dull, throbbing or lancinating pain in the occipital region. Combined with it is a feeling of languor and a distaste for mental work. This sometimes develops into a positive inability to do any severe mental labour, such as studying Chinese or performing the ordinary duties of a clergyman. One patient continually suffered from headache, which was completely relieved by a trip to Chefoo; but the return to Wuhu has been followed by a recrudescence of the pain in as severe a form as before.

One of the Customs staff was attacked by typho-malarial fever and suffered for four weeks with an increase of temperature. Recovery was complete under a simple treatment of mild doses of quinine to control the temperature, which never exceeded 104° F., and chlorodyne to control the bowels. There were from 4 to 12 motions a day, often accompanied by pain.

There was one case of congestive malarial chills, as severe as any I have seen in China.

The patient had had an ordinary ague chill every other day, or at intervals not exceeding four days, for more than a year. During this time he had taken pinches of quinine—probably about 1 or 2 grains at a dose—with little or no effect. I was suddenly called to his bedside to find him in high fever with delirium and suffering from an intense pain in the abdomen. The extremities were cold, and he continued in this condition from noon until 6 p.m. I administered 40 grains of quinine between 3 and 6 p.m. For five days he took 30 grains daily and had a slight rigor each day. I ordered him to Japan, but he went on a trip up the river in a houseboat and had another chill, which lasted six hours, retaining, however, his consciousness during the time. He returned at once to Wuhu and concluded to go to Japan. A three months' residence at Suma restored him to health, with the exception of a continual dull headache.

These are the worst cases I have seen in Wuhu, and I conclude we must be as free from fever as any port on the River Yangtze.

It might be interesting to notice some of the effects of passion on the health of the Chinese.

Some time ago I was called to see an old man who could not properly attend to the ordinary business which he had conducted for many years. It came out in the examination of his case that the friends ascribed his trouble to worry over the blighted careers of his two sons: one had been sent to school for many years and had always failed to pass his examination for a degree; the other had been

started in business, but had been compelled to close his door and make an assignment for the benefit of his creditors. Over these two failures the old man worried himself into a mild and harmless attack of melancholia. I put him on a protracted course of bromide of potash and in a month he was completely cured.

Another common result of worry in a Chinaman is hæmoptysis.

A young man of previous perfect health, as far as the lungs are concerned, went to a neighbouring city to begin business. While waiting for the completion of his office he became very impatient and anxious about his future. A sudden hæmoptysis occurred, in which he lost a ricebowlful of blood. In a few days he had another; and on examination of his chest I found pain in the right sub-clavicular region. There was also dulness on percussion and slight bronchial respiration. I have followed his case since, and he has had several attacks of hæmoptysis and a continual cough. Emaciation has become extreme, and although he was fat and strong a year ago he is a weak, spare man now. The larynx has lost its tone, and the voice is very husky. There is no tuberculosis in the family, and I think the cause of his trouble must have been the anxiety over his affairs.

One day a girl with an enlargement of the thyroid gland was brought to my consultation-room by her mother. The history of the case was not long, as the swelling began the day before. The mother had punished the girl, who was about 17 years of age; the girl flew into a most violent passion, and the neck swelled up during the few moments in which she was so mad. The anger being so closely connected with the swelling in point of time makes it more than probable that it was the direct cause of the goitre.

As an illustration of the malpraxis of the Chinese midwives might be mentioned the following:—

A woman was brought to the hospital in her third day of labour. She was a very muscular subject and had several children. The present birth was a shoulder presentation. A midwife had been called and had amputated the arm and made some incisions, through which the lung of the child protruded. The vulva was swollen to the size of a child's head. Chloroform was administered and I completed the division of the body into halves, removing the pieces by traction. The case would have done well had not the vagina and vulva been so bruised by the manipulations of the midwife that they sloughed entirely away and left the rectum protruding from a mass of ulcerating tissue. Part of the bladder also sloughed, and the patient died of exhaustion three weeks after delivery. Version could easily have been performed in the first stage, and saved the mother and perhaps the child. In such cases version is an easy operation among the Chinese, as they are so roomy and resilient.

The Chinese suffer a great deal from lung disease and often develop fistulæ in ano during the course of the disease. Some notes on cases operated, where there had been cough with hæmoptysis and asthma, may be of interest; the cases were treated in the Wuhu General Hospital.

CASE 1.—CHAO A; native of Ho-fei-hsien, in Anhwei province; 23 years of age. A student and extremely emaciated. He had coughed for five years. Had hæmoptysis for one year and six fistulæ for one year and a half. He took a mixture of the following composition:—

| | |
|----------------------------|-----------|
| R. Acidi tannici | 3jss. |
| Acidi sulph. arom. | gtt. xv. |
| Glycerinæ | gtt. xxx. |
| Alcoholis | gtt. v. |
| Aquæ puræ, ad. | 3iv. |

M.

Sig.—Teaspoonful to a tablespoonful three times a day.

He was 95 days in hospital. After taking the above recipe for 20 days the fistulæ were operated and healed perfectly. The cough and hæmoptysis were cured when the patient left the hospital.

CASE 2.—CHÊN; Liang-shan, in Anhwei province, was his home; aged 39; farmer. Hæmoptysis for three years. At times would cough up half a ricebowlful of blood; at others the expectoration would simply be streaked with blood. Had two fistulæ for two years. The external orifice was like a large ulcer. The patient first took a mixture of ammonia chloride and then the same tannin mixture as in Case 1, for about two months and a half. The hæmoptysis was controlled, but a slight cough remained. The fistulæ were then slit up, and eventually healed after 150 days' residence in hospital, but slight cough continued.

CASE 3.—KAN; Wu-wei-chou, in Anhwei province, was his home; a tradesman; aged 47. Had asthma for many years. Had two fistulæ. Took a mixture of iodide and bromide of potash for some time, also the ammonia chloride mixture. Fistulæ operated and eight parts cured. His son was ill and the patient left for home suddenly.

CASE 4.—SHOU; native of T'ai-p'ing-fu, in Anhwei; a student; aged 43. Suffered from cough and hæmoptysis for years. Had a small fistula. Had been in the habit of reading very late every night, and after some weeks of severe study suddenly coughed up a large amount of blood. Took the tannin mixture for a few days and some Dover's powder. The hæmoptysis ceased and only the cough remained. He then took the ammonia mixture and was operated. Was in hospital 63 days; the fistula was cured and only a slight cough remained.

CASE 5.—CHANG; native of Anhwei; aged 36; farmer. Hæmoptysis for six months. Coughed for five years. Had a slight single fistula. Took the tannin mixture also the ammonia mixture for some time and was operated. Was in hospital 48 days, and cured of hæmoptysis and fistula.

CASE 6.—LI; native of Hupeh; aged 38; boatman. Emaciated and suffering from cough and hæmoptysis. Had a hæmorrhoid, which was removed, and a fistula was discovered below it. This was slit up and healed. Took the tannin and ammonia mixtures, and later tincture of iron. Cough, hæmoptysis, and fistula were cured. Was in hospital 86 days.

DR. J. A. LYNCH'S REPORT ON THE HEALTH OF CHINKIANG

For the Year ended 30th September 1895.

METEOROLOGICAL TABLE, October 1894 to September 1895.

| MONTH. | BAROMETER. | | THERMOMETER. | | RAINFALL. |
|----------------|----------------|----------------|--------------|-------------|----------------|
| | Maximum. | Minimum. | Maximum. | Minimum. | |
| 1894. | <i>Inches.</i> | <i>Inches.</i> | <i>° F.</i> | <i>° F.</i> | <i>Inches.</i> |
| October..... | 30.38 | 30.00 | 79 | 48 | 0.61 |
| November..... | 30.55 | 30.04 | 70 | 38 | 2.38 |
| December..... | 30.65 | 30.05 | 60 | 23 | 0.61 |
| 1895. | | | | | |
| January..... | 30.55 | 30.05 | 62 | 21 | 0.43 |
| February..... | 30.55 | 29.90 | 63 | 21 | 3.18 |
| March..... | 30.55 | 29.30 | 77 | 27 | 6.55 |
| April..... | 30.36 | 29.60 | 86 | 47 | 1.70 |
| May..... | 30.28 | 29.61 | 93 | 51 | 0.96 |
| June..... | 29.99 | 29.50 | 92 | 56 | 20.34 |
| July..... | 29.86 | 29.95 | 100 | 68 | 5.30 |
| August..... | 29.98 | 29.50 | 100 | 69 | 6.94 |
| September..... | 30.25 | 29.63 | 85 | 62 | 4.09 |

The winter of 1894-95 was mild, and but little sickness prevailed in the foreign community. One death occurred in December.

The patient, an old resident, aged 57, the subject of chronic dysentery, came into my hands on the 6th. He was then extremely blanched from long-continued hæmorrhage; face, hands, and feet were œdematous, and there was a little bronchitis. He grew rapidly worse, developed signs of œdema of the lung, and sank on the 10th.

The only other case of interest was a tedious one of subacute rheumatism complicated with double iritis. It ended in complete recovery.

Scarlatina is sufficiently rare in this region to make two cases treated in April worth recording. Both subjects were native employés of the British Consulate, and submitted rather reluctantly to Foreign medication. The disease ran a favourable course.

The summer may be described as wet and cool. An unprecedentedly heavy rainfall took place in June; July gave us three weeks of terrific heat, followed by the coolest August we have ever experienced.

Cholera is a familiar visitant to the native population, appearing as regularly with the return of the hot season as small-pox in the early spring. The epidemic of this year was of appalling violence, and lasted from the middle of June to the early days of September. The mortality seems to have been heaviest in the camps of Cantonese soldiers outside the south

gate of the city; but for anything like exact figures on this subject it is idle to inquire of the Chinese.

The various kinds of diarrhoea were unusually common among foreigners. Of choleraic diarrhoea, there were during July and August six cases, two of which ended fatally. One of these was an infant of 12 months, the other a man of 33, who had been a good deal run down by previous illness. Two more foreigners died of true Asiatic cholera: a Customs Salt Searcher who lived in a Chinese quarter adjoining the Settlement, and an engineer on board the steamer *Woosung*. Whether this latter had contracted the disease here or at another port was somewhat doubtful. In both cases a "premonitory diarrhoea" of several days' duration preceded the onset of typical choleraic symptoms, which ran on to death in less than 12 hours.

Cholera within the actual boundaries of the Concession was verified in four instances. The patients, all Chinese, recovered; and the most thorough disinfection was carried out on each occasion.

Of other complaints affecting Europeans, I may mention a case of tonsillitis treated in July, and another in August; several cases of malarial intermittent in August and September, the worst of these in a boy of 4, whose temperature repeatedly went up to 106°, but who recovered quickly under large doses of quinine; and, lastly, a good many cases of boils. Beyond attention to the general health, and the use of the knife at the first sign of suppuration, I know of no treatment for this distressing ailment. Yeast I have found useless and sulphide of calcium worse than useless.

An enormous increase in the trade of this port has been brought about by the transfer of the rice export from Wuhu to Chinkiang. The consequent addition to the shipping and influx of a large coolie population bringing so many elements of danger to public health, roused the Municipal Council to an unwonted degree of activity in sanitary matters. In spite of the many difficulties occasioned by apathetic and obstructive lot-owners, and by the carelessness and filth of the Chinese, a very gratifying measure of reform has already been achieved. All the old insanitary latrines and urinals have disappeared, and with them most of the surface nuisances of every kind that were fast becoming a disgrace. There is now an ample provision of thoroughly sanitary conveniences, both public and private, the cleansing and disinfection of which are seen to by the Council. The primitive brick drains on private lots, so admirably adapted to retain sewage and allow it to soak into the soil, are gradually being replaced by surface gutters, or pipe drains of cement, properly fitted with syphon traps. An effort to make more satisfactory provision than now exists for the water supply of the Settlement is also in contemplation. It is much to be regretted that the unwillingness of native officials to co-operate has up to the present made it impossible to deal effectually with the faults of the main drainage system.

Two children were born during the year, one in July (still-born) and one in August.

DR. JOHN FRANCIS MOLYNEUX'S REPORT ON THE HEALTH OF NINGPO

For the Half-year ended 30th September 1895.

DURING the period under consideration there have been two deaths and one birth among foreigners.

The deaths occurred to adult males—the first (one of the Customs staff) was due to apoplexy (aged 54), the second (aged 61) was a case of cholera. Both happened during the trying heat experienced here in the late days of July and early days of August.

The case of cerebral hæmorrhage eventuated in a very frail subject, a sufferer from organic heart trouble of long standing, upon whose body widespread ecchymoses indicated a wretched vascular system.

The case of cholera I only saw after death and upon the arrival of the Shanghai steamer. Its history and the postmortem appearances indicated that cholera had been the fatal trouble.

Generally, the health of the foreigners here has been excellent, as in my experience it usually is at Ningpo if people start with a fair constitution and lead a life regulated by common sense. There is no bad type of local malarial trouble to be dreaded, and I have not seen one case of typhoid fever in the district. One severe case of remittent fever has required attention recently, but the trouble was induced and maintained by injudicious conduct on the part of the sufferer. Children here enjoy excellent health; during a period of two years there has not been an anxious case among the many infants.

CHOLERA AND CHOLERAIC DIARRHŒA.

In addition to the fatal case already reviewed,

A foreigner (an adult male, aged 26) was seized with vomiting, cramps, purging (rice-water stools), followed by collapse and a temperature of 95°. He was removed to the hospital, and in two days was out of danger. The cholera bacillus was not demonstrated, and it is by no means certain that it was present. During convalescence this patient had a long and troublesome attack of enteritis, but made a good recovery.

Among the Chinese, 140 cases of cholera and choleraic diarrhœa were admitted during the latter half of July and the first two weeks of August. Many of these were certainly not cholera, although vomiting, purging, cramps, and subnormal temperature were almost constant symptoms. About 20 per cent. terminated fatally—a far too modest death rate for epidemic cholera. This visitation was synchronous with the trouble prevailing in Shanghai, and many cases were landed here by the daily steamers from that port.

DYSENTERY.

Three or four cases occurred among foreigners during the past two months, but no really alarming case came under observation. Among Chinese, the excellent and almost startling

effects of ipecacuanha in full doses are a cause for congratulation; given here in doses of 30 or 40 grains, it is the exception for a native to vomit after its exhibition (of those in hospital, less than 10 per cent. have thus rejected the drug). There can be no doubt that this invaluable remedy would be more readily tolerated by foreigners were they ignorant of its reputed emetic properties.

SURGICAL MEMORANDA.

A man was trephined for a depressed fracture of left parietal bone, caused by a bullet which failed to penetrate the skull. The bone was shattered and four fragments were extracted from the brain substance, a quantity of blood-clot and grey matter being extruded. The man was perfectly conscious upon the completion of the operation, and lived for seven weeks; he suffered from right hemiplegia and ultimately developed a large abscess in the right lung. Some days before death there was a smart venous hæmorrhage from the cerebral vessels, and as a late expedient I syringed out the cavity with dilute tincture of perchloride of iron; this proved efficacious at the time, and a later persistent slight oozing would have probably been prevented had a stronger solution been used and a little more courage exhibited by the operator.

Two amputations (one leg and one arm), with the usual run of minor surgical work, offer no special points of interest.

A most unsatisfactory case of sub-glenoid dislocation of the humerus of not more than one month's standing has defied all efforts at reduction. The man (aged 26) has been under chloroform upon four occasions, and pulleys have been unsuccessfully employed. The exasperating facts about this case are the recency of the injury and the experience that failure under such apparently favourable conditions is so rare. So far as one can judge, there is nothing remarkable about the displacement, and there is no co-existent injury or disease. Able help has been received from a capable colleague, but up to the present the man remains unrelieved.

The Sister's Hospital in the Settlement has now excellent accommodation for 70 patients, and in the city there has been opened a new women's and children's hospital, which will accommodate 35 patients.

Forwarded herewith is the meteorological table for the period under review, for which I am indebted to Mr. H. C. MÜLLER, Tidesurveyor.

METEOROLOGICAL TABLE, April to September 1895.

| MONTH. | THERMOMETER. | | | BAROMETER. | | | PREVAILING WINDS. | RAINFALL. | |
|-----------------|--------------|---------|-------|------------|---------|---------|-------------------|--------------|-----------|
| | Highest. | Lowest. | Mean. | Highest. | Lowest. | Mean. | | No. of Days. | Quantity. |
| | ° F. | ° F. | ° F. | Inches. | Inches. | Inches. | | | Inches. |
| April | 85 | 45 | 61 | 30.44 | 29.84 | 30.07 | S.E. | 11 | 5.01 |
| May | 86 | 55 | 69 | 30.40 | 29.80 | 30.03 | S.E. | 11 | 6.20 |
| June | 103 | 56 | 79 | 30.14 | 29.69 | 29.90 | S.E. | 5 | 0.83 |
| July | 97 | 69 | 81 | 30.00 | 29.68 | 29.86 | S.E. | 7 | 7.62 |
| August | 100 | 67 | 82 | 30.08 | 29.72 | 29.88 | S.E. | 9 | 6.79 |
| September | 89 | 62 | 73 | 30.28 | 29.55 | 30.07 | N.W. | 8 | 10.51 |

DR. ALFRED HOGG'S REPORT ON THE HEALTH OF WENCHOW

For the Half-year ended 30th September 1895.

OWING to the departure of Dr. J. H. LOWRY for Europe, he has left to me, his successor, the completion of the health report for the past six months. The health of the foreigners during that period has not been good, and much sickness prevailed among the natives.

Although the average temperature during the summer was not specially high, yet the period of hot weather was long and sustained, with few intermissions; and as for a large part of that time the atmosphere was humid, close, and oppressive, the hot season was felt by the foreign residents to be particularly trying and enervating. Heavy rains alternated with periods of dry weather, during which the canals and wells got very dry or low, and as the natives largely resort to canal water when well water is scarce, infectious disease had abundant opportunity to spread, and great mortality from cholera resulted.

In the foreign community one birth and two deaths have to be recorded. Of the latter, one was that of a lady who had been resident in the port for about four years. She died at sea, while being removed to Shanghai, from cardiac failure following on heat apoplexy.

The other death was that of a missionary's infant son, who suffered from dyspepsia and was brought to the city by the father for medical consultation. The child was improving under treatment when he was suddenly seized with severe diarrhoea, abdominal pain, and collapse, and died in 20 hours. The fact that four or five Chinese in the same compound showed identical symptoms, with a fatal termination in most of the cases, made it plain that the cause was Asiatic cholera. How the child became infected could not be traced.

Among foreigners, the cases that came up for treatment comprised:—

| | |
|--------------------|--|
| Diarrhoea. | Anæmia. |
| Remittent fever. | Fatty degeneration of heart. |
| Rheumatic gout. | Acute congestion of the liver. |
| Bronchial catarrh. | Acute and chronic tonsillitis and pharyngitis. |
| Gout. | Cholera. |
| Conjunctivitis. | Otitis. |

A considerable number of serious cases among Chinese were also treated.

One was a case of dysentery in a cook in foreign employ. The disease started during his master's absence from the city, and was allowed to progress for a day or two before medical aid was sought. Notwithstanding treatment by ipecacuanha in large doses, the case terminated fatally.

Another man came with a bullet lying in his left temple, the result of a skirmish with pirates three months previously. The bullet had struck him on the forehead and nearly penetrated to the brain, then travelled round, and lodged close to the ear. It was extracted, and rather profuse hæmorrhage from a

branch of the temporal followed, ligature of the vessel being managed with difficulty, owing to the soft, friable nature of the adjoining tissues. The wound healed well.

A severe bullet wound in the forearm, a large burn on the arm and forearm from a gunpowder explosion, and a huge scalp wound were conspicuous among a large number of minor and major ailments treated at the dispensary of the Methodist Free Church Mission.

I append an abstract from the Customs meteorological observations taken at this port.

METEOROLOGICAL TABLE, April to September 1895.

| MONTH. | Highest Reading of Barometer. | Highest Reading of Thermometer. | RAINFALL | | REMARKS. |
|-----------------|-------------------------------------|---------------------------------------|--------------|------------------------|--|
| | | | No. of Days. | Quantity. | |
| April | <i>Inches.</i> 30.040 | <i>° F.</i> 79 | 17 | <i>Inches.</i> 4.54 | 3rd, 4th, 7th, and 29th thunder and lightning. |
| May | 30.300 | 81 | 24 | 8.25 | 19 days fog. |
| June | 30.050 | 92 | 7 | 2.40 | 10 days fog. |
| July | 29.990 | 92 | 16 | 6.40 | 6 days thunder and lightning. |
| August | 29.974 | 93 | 9 | 8.47 | 9 days thunder and lightning. |
| September | 30.180 | 90 | 13 | 5.13 | 8 days fog. Heavy gale of wind on the 5th; lowest reading of barometer at 3 P.M., 29.368. |

DR. LEOPOLD G. HILL'S REPORT ON THE HEALTH OF PAKHOI

For the Half-year ended 30th September 1895.

THE general health of the foreign community at Pakhoi (now numbering 25) during the past six months has been very good. In the opinion of the oldest residents, the summer was exceptionally oppressive, though the maximum temperature never exceeded $97^{\circ}.5$ (recorded in September), whilst the minimum was 65° (also in September). The damp, hot atmospheres of May, June, and July were the most trying climatic circumstances with which we had to combat. The rainfall in those months was respectively 5.71, 10.65, and 26.30 inches. Foreigners in Pakhoi, living as they do on the plain, seem to be fairly free from fever, those who had slight malaria having been victims to it in a severer form at other ports; very few, if any, get it *de novo* here. This is due to three physical facts: (1) the soil is almost entirely sand to a depth of several feet; (2) there is nearly always a sea breeze blowing, for Pakhoi, being on a peninsula, has the sea to the north, south, and west; and (3) Pakhoi is perfectly flat and is open to the slightest movements of the atmosphere. We do not get typhoons, but always know of their existence elsewhere by the very strong winds which then prevail.

Patients were attended for diarrhoea, dysentery, malaria, bronchitis, asthma, and a few minor ailments; and one infant, aged $7\frac{1}{2}$ months, died of meningitis during teething, after only 36 hours' illness—an otherwise healthy and strong-looking child.

There have been two births during the summer, one male and one female.

As regards the health of the native population, one cannot write so satisfactorily. I have referred to the great advantages accruing to the foreign community by living on the plain. Now the town of Pakhoi is packed as tightly as it can be in a depression on the sea-coast and close to the water's edge, all the houses on the sea-board being built on stakes, which are swept away with every abnormal tide. Lying in a hollow, the town does not get the beneficial breezes which keep the villages on the plain so healthy; the streets are nearly always filled with a black, slimy fluid, which continually breeds all sorts of diseases. Yet one is surprised not to have seen a single case of typhoid or typhus fever. Even cholera, which broke out in August, soon disappeared after claiming three or four victims daily for two or three weeks. Bubonic plague has not been heard of in the town this summer, but was severe in the neighbouring fishing port of Kotak.

A few soldiers from the war were landed here worn out with dysentery and fever: one or two died from cholera; another, who came under treatment for the latter disease, was saved by the acetate of lead and acetic acid treatment, but convalescence was very tardy.

As interesting surgical cases among the natives, the following may be briefly mentioned:—

1. *Epithelioma of the Penis*.—During the past six months three patients presented themselves with this disease, two of whom begged for amputation on account of severe pain. After a preliminary course of iodide of potassium, during which there was no improvement, their request was granted. In all three cases the glans alone was affected.

A., aged 38. 18 months ago noticed on the glans a little lump, which grew to the size of a small tangerine orange, with cauliflower-like appearance, from the sulci of which an offensive serous pus discharged. The growth ends abruptly with the glans and is very painful. Glands in both groins are slightly enlarged.

B., aged 52. Had a tight foreskin. A year ago there appeared on the body of the glans a small lump, which gradually and painfully enlarged. The growth involved the tight foreskin, and eventually ulcerated through, leaving shreds of the foreskin still visible. It was not large, perhaps twice the size of the natural glans; but it was exceedingly painful and discharged a horrid smelling pus. Glands in groin slightly enlarged and very hard. The urethrae in these two cases were difficult to find.

A. and B. having asked for operative treatment, the organs were removed, A.'s under cocaine and B.'s under chloroform. Both made uneventful recoveries and had no retraction of the urethra.

C., aged 57, had a similar condition to A.'s: cauliflower appearance, but not so large; very painful. The glands in groin only slightly enlarged. Refused treatment.

2. *Dental Tumour*.—A man, aged 37, with a swelling from the left side of lower jaw, the size of an infant's head, came to the Mission Hospital with the request that the discharge into the mouth might be stopped. He gave an indefinite account of a severe toothache some six years back, since which time the swelling had increased. On examination, it felt soft in some places and hard in others, was obviously an expansion of bone, giving a semi-crepitant sensation; under the skin small pieces of flat bone could be felt, and in one place a tooth. It was painless except what inconvenience arose from its weight, and the room it occupied in the mouth. The teeth on the left side of the lower jaw were gone, with the exception of the central and lateral incisors, which were loose and pushed towards the right. On tapping a fluctuating spot, a glairy, viscid fluid exuded, and later a large quantity of blood. The cyst was multilocular. A reproduction from a photograph of the patient is appended.



3. *Gonorrhœal Ophthalmia*.—I mention this case because it brought to my knowledge a shocking habit of the lower classes. Two patients informed me recently that they had used their own urine as an eye lotion to relieve conjunctivitis. One had been blind some two or three years, owing to an attack of inflammation for which he adopted this disgusting treatment; at that time, as he himself said, he was suffering from gonorrhœa. The second man, when seen, had contracted gonorrhœa, and explained that he had used his urine as an eye lotion. The eyes were blocked up with pus, the eyelids very swollen and red, the pupils contracted, and the conjunctivæ in a state of intense chemosis. Under constant irrigation with perchloride of mercury solution (1 in 5,000) he made a complete recovery.

It would be interesting to know if this is a universal custom among the Chinese, and also how many are made blind annually by the coincidence of gonorrhœa.

Of the commoner diseases, perhaps a new-comer is most struck with the great number of Chinese suffering from tinea circinata, scabies, and worms; certainly three-fourths of those I have seen would come under one of these headings. Then in this neighbourhood leprosy is very frequent; the majority of those attacked are men, a singular fact which ought to help in ascertaining its etiology. Opium-smoking is very common, and numbers come to beg for medicine to rid them of its thralldom. One man (of the upper class) told me he took 30 grains of hydrochlorate of morphine at a sitting and, producing a 2-ounce bottle, said he finished it in a week. Eye diseases are also exceedingly prevalent and full of interest; most of them, however, yield to treatment, and this, at least, demonstrates forcibly to the Chinese the great superiority of Western medical and surgical science over that of the Eastern.

I append a meteorological table kindly made out for me by Mr. L. A. BYWORTH, Harbour Master.

METEOROLOGICAL TABLE, April to September 1895.

| MONTH. | BAROMETER. | | THERMOMETER. | | | WINDS. | | | | | | RAIN-FALL. |
|-----------------|-------------------------|-------------------------|----------------------|----------------------|----------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|----------------------|------------------------|
| | Highest. | Lowest. | Highest. | Lowest. | Mean. | No. of Days N. to E. | No. of Days E. to S. | No. of Days S. to W. | No. of Days W. to N. | No. of Days Variable. | No. of Days Calm. | |
| April | <i>Inches.</i> 30.22 | <i>Inches.</i> 29.78 | <i>° F.</i> 93.00 | <i>° F.</i> 72.00 | <i>° F.</i> 77.26 | 3 | 10 | ... | 1 | 16 | ... | <i>Inches.</i> 0.91 |
| May | 30.17 | 29.79 | 93.00 | 67.00 | 81.30 | 5 | 5 | 8 | 2 | 11 | ... | 5.71 |
| June | 30.03 | 29.69 | 95.00 | 70.00 | 83.23 | 3 | 4 | 12 | 1 | 10 | ... | 10.65 |
| July | 29.97 | 29.40 | 96.50 | 73.00 | 84.83 | 2 | 2 | 20 | 1 | 6 | ... | 26.30 |
| August | 30.00 | 29.79 | 93.50 | 74.00 | 83.40 | 5 | 3 | 4 | 2 | 17 | ... | 11.89 |
| September | 30.15 | 29.81 | 97.50 | 65.00 | 82.50 | 13 | 2 | 1 | 4 | 10 | ... | 1.61 |

RAPPORT MÉDICAL
POUR L'ANNÉE FINISSANT LE 30 JUIN 1895, SUR LA SITUATION
SANITAIRE DE LUNGCHOW,

Par le Docteur J. J. DELAY.

CLIMATOLOGIE.*

LA ville de Lungchow (Longtchéou) se trouve par $22^{\circ} 25'$ de latitude nord et $106^{\circ} 45'$ à l'est du méridien de Paris, par conséquent dans la région prétrropicale. Son altitude est d'environ 300 mètres au-dessus du niveau de la mer. Elle est située au confluent de deux rivières venant du haut Tonkin, au milieu d'un vaste cirque entouré de rochers calcaires. Le sol est généralement de nature argileuse.

Deux saisons bien tranchées, l'été et l'hiver, sont reliées par deux périodes intermédiaires comparables au printemps (mars, avril) et à l'automne (octobre, novembre).

La température moyenne de la saison chaude (mai, juin, juillet, août, septembre) a été de 27.5 centigrades pour chacune des années 1893 et 1894. L'été de 1895 s'annonce comme devant être très-chaud.

La moyenne des mois d'hiver (décembre, janvier, février) a été de 17° en 1893-94 et de 15° en 1894-95.

La moyenne annuelle pour 1893 a été de 22.5 et pour 1894 de 23.5 . Lungchow est en effet compris dans la zone isotherme limitée par les lignes des températures de 20 et 25 degrés de HUMBOLDT, la première passant au nord du Kweichow, la seconde traversant l'île d'Hainan.

La pression barométrique, observée seulement depuis le milieu de septembre 1894, suit comme de coutume une marche en sens inverse de la température. Les pressions les plus basses correspondent aux mois les plus chauds, pendant lesquels la direction générale des vents est sud. Pendant l'hiver, au contraire, avec les vents du nord et l'abaissement de la température, apparaissent les hautes pressions barométriques.

Les variations diurnes généralement observées dans les régions tropicales sont également très-régulières. Les maxima ont lieu vers 10 heures du matin et 10 heures du soir, les minima vers 4 heures du matin et 4 heures après-midi. L'amplitude de l'oscillation de nuit est habituellement inférieure à 1 millimètre, tandis que celle du jour dépasse souvent 2 millimètres.

Les variations accidentelles sont assez rares et dépendent des vents et des orages. Une pression minima de 744.5 millimètres a été relevée le 20 septembre 1894. Elle coïncidait avec un violent typhon du sud-est observé sur les côtes de la Chine et du Tonkin et qui s'est fait sentir jusqu'à Lungchow.

* Quoique ce travail porte plus spécialement sur la période de juillet 1894 à juillet 1895, j'ai cru devoir, pour donner une idée plus exacte du climat, fournir quelques renseignements sur les années précédentes.

En dehors de cette circonstance exceptionnelle, la pression minima (absolue) a été de 748.5 le 5 avril 1895 et la pression maxima de 774 le 17 décembre 1894. Les observations ne portant pas encore sur une année complète, il n'a pu être établi de moyenne générale.

Le poste n'étant pas pourvu d'un pluviomètre, il a été impossible d'évaluer la quantité d'eau tombée. Pendant l'été de 1894 les pluies ont été assez abondantes et des crues de 8 mètres environ ont été observées en juillet et en septembre. Par contre, les journées de crachin ont été très-peu nombreuses pendant l'hiver, qui a été particulièrement sec. Quant à l'été actuel il est jusqu'à présent marqué par une sécheresse exceptionnelle.

Les observations hygrométriques n'ont pas été relevées faute d'instruments.

OBSERVATIONS MÉTÉOROLOGIQUES du 1er Juillet 1894 au 1er Juillet 1895.

| MOIS. | TEMPÉRATURE * : Moyennes des | | | PRESSION BAROMÉTRIQUE (Moyennes de trois Observations quotidiennes). | JOURS PLUVIEUX (Pluie ou Crachin). | ORAGES. | VENTS DOMINANTS. | AUTRES OBSERVATIONS. |
|---------------|---------------------------------|---------|------------|---|--|---------------------------|---|------------------------------------|
| | Maxima. | Minima. | Générales. | | | | | |
| 1894. | ° C. | ° C. | ° C. | Millimètres. | | | | |
| Juillet..... | 29.7 | 25.1 | 27.4 | ... | 26 | 1, sud-ouest | Sud | Crue du fleuve le 28 (8 mètres ?). |
| Août | 31.5 | 24.6 | 28.0 | ... | 16 | 6, " " | " | |
| Septembre... | 30.7 | 22.1 | 26.4 | 756.0 † | 18 | 1 typhon, sud-est. | " | Crue le 23 (8 mètres ?). |
| Octobre | 26.3 | 18.6 | 22.9 | 762.0 | 5 | ... | " | |
| Novembre... | 24.7 | 13.9 | 19.3 | 764.5 | 3 | ... | Nord et nord-est; sud avec le crachin. | |
| Décembre ... | 20.6 | 11.5 | 16.0 | 765.6 | 2 | ... | " | |
| 1895. | | | | | | | | |
| Janvier | 15.8 | 9.7 | 12.7 | 765.9 | 9 | ... | " | |
| Février | 20.4 | 12.4 | 16.4 | 762.1 | 10 | ... | " | |
| Mars | 22.8 | 14.2 | 18.5 | 759.8 | 8 | ... | Sud et parfois encore nord et nord-est. | |
| Avril | 29.1 | 23.5 | 26.3 | 758.3 | 8 | 2, sud-est | Sud. | |
| Mai | 30.0 | 24.7 | 27.4 | 757.0 | 17, pluies très-peu. | 3, " " | " | |
| Juin | 31.7 | 25.5 | 28.6 | 755.4 | 10, pluies abondantes. | 2, sud-est; 1, sud-ouest. | " | Halo solaire simple observé le 19. |

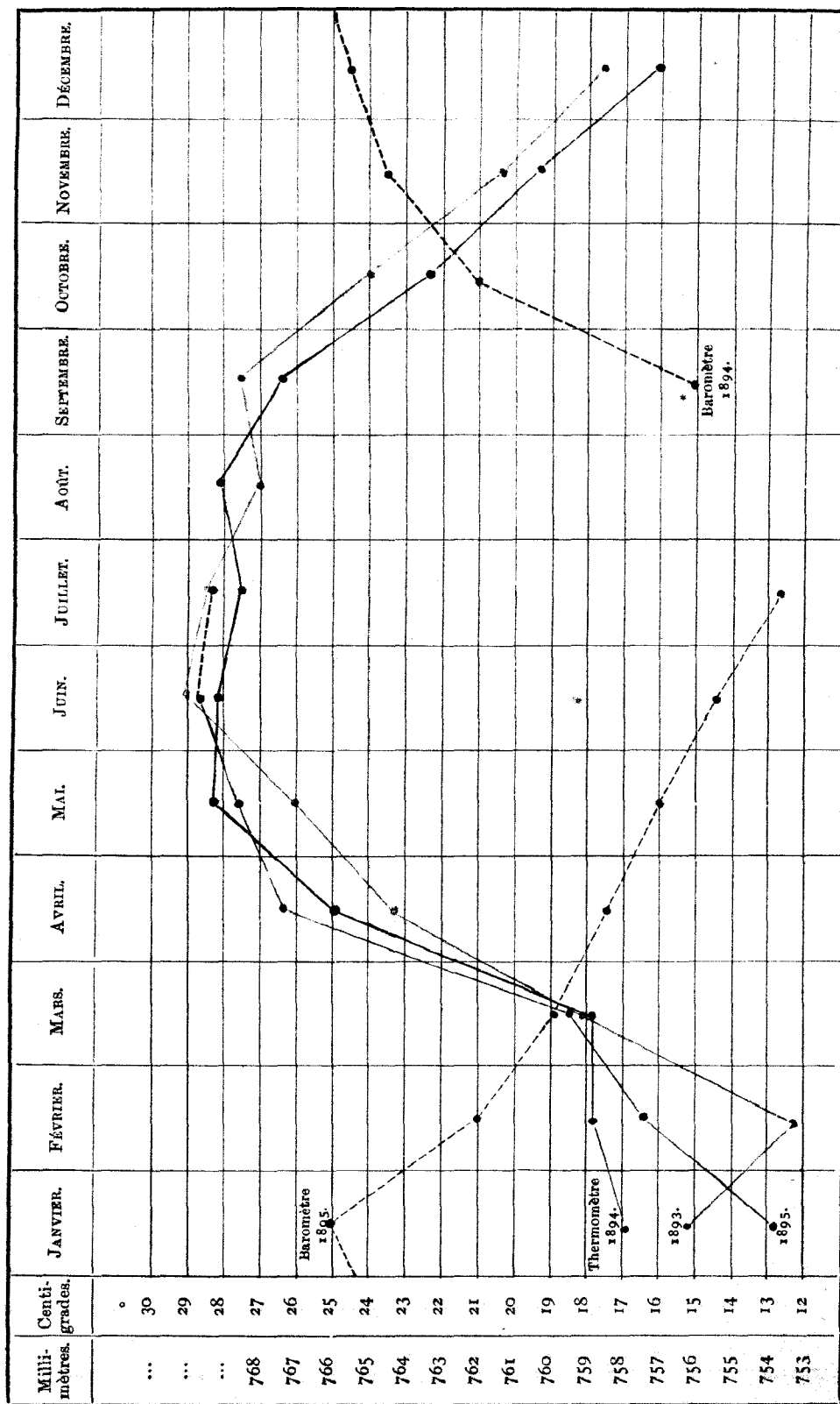
* Il faut noter que les températures ont été relevées au Consulat de France, qui se trouve à la campagne, entouré de verdure. Dans la ville même les maxima sont supérieurs de $1\frac{1}{2}^{\circ}$ à 2° . Les observations ont été prises par M. BEAUVAIS, Interprète-chancelier.

† Pour septembre le chiffre est approximatif, les observations n'ayant été prises que pendant la dernière partie du mois.

PATHOLOGIE.

Les Européens habitant Lungchow sont seulement au nombre de sept et appartiennent tous soit au personnel des Douanes chinoises soit au Consulat de France. Par suite, à part quelques cas assez sérieux tributaires de l'endémie palustre ou du climat tropical, les affections observées chez eux ont été de peu d'importance. Je me contente de les mentionner ci-dessous, devant revenir plus loin sur l'état sanitaire général.

TABLEAU COMPARATIF des TEMPÉRATURES MOYENNES pendant les Années 1893, 1894 et la première moitié de 1895
et de la PRESSION BAROMÉTRIQUE d'Octobre 1894 à Juillet 1895.



* La moyenne barométrique de septembre 1894 est approximative, les observations n'ayant été relevées que pendant la deuxième moitié du mois.
Nota.— Les moyennes de juillet 1895 sont indiquées à titre de renseignement complémentaire.

J'ai été appelé à donner mes soins à un assez grand nombre d'habitants. Les affections que j'ai eu l'occasion de traiter chez les Asiatiques ont été très-variées, ainsi que le montre le tableau ci-joint. Cela du reste n'a rien d'extraordinaire pour une population d'environ 20,000 habitants. Malheureusement, la ville ne possédant pas d'établissement hospitalier, je n'ai pu voir ces malades que chez eux ou chez moi. La plupart d'entre eux ont donc échappé à une observation suivie, et l'énumération des maladies traitées ne peut donner une idée bien complète de la pathologie.

Les opérations nécessitées par le traitement des affections chirurgicales ont toutes été de peu d'importance.

Les vaccinations pratiquées avec succès sont au nombre de 17.

MALADIES OBSERVÉES.

EUROPÉENS.

Pathologie interne.

| | |
|---|----|
| Fièvre paludéenne | 10 |
| Diarrhée aigue | 1 |
| „ chronique | 1 |
| Congestion du foie | 1 |
| Hémorroïdes internes | 1 |
| Dyspepsie atonique consécutive à l'anémie | |
| tropicale | 1 |

Pathologie externe.

| | |
|---|---|
| Adénite suppurée consécutive à une fièvre | |
| continue palustre | 1 |
| Abcès tubéreux de l'aisselle | 1 |
| „ dentaire | 1 |
| Corps étranger du conduit auditif | 1 |
| Furunculose | 1 |
| Herpès circiné | 1 |

ASIATIQUES (CHINOIS, ANNAMITES, ABORIGÈNES).

Pathologie interne.

| | |
|---|-----------------------------|
| Maladies épidémiques | Peste . . ? (décès 100?) |
| et infectieuses. | Oreillons 1 |
| | Fièvre typhoïde 4 (décès 1) |
| Fièvre paludéenne simple | 45 |
| Accès pernicieux comateux | 1 (décès 1) |
| Laryngite chronique | 1 |
| Bronchite simple | 11 |
| Pleurésie | 1 |
| Emphysème pulmonaire | 2 |
| Tuberculose pulmonaire | 4 (décès 1) |
| Palpitations cardiaques et anémie | 2 |
| Insuffisance aortique | 1 |
| Stomatite simple | 1 |
| Angine simple | 1 |
| Dyspepsie | 3 |
| Dilatation de l'estomac | 1 |

| | |
|--|-------------|
| Diarrhée | 7 |
| Dysentérie | 6 |
| Tænia | 1 |
| Ascarides lombricoïdes | 2 |
| Congestion du foie | 2 |
| Hypertrophie de la rate | 1 |
| Néphrite albumineuse | 1 |
| Rhumatisme articulaire aigu | 3 |
| „ „ chronique | 3 |
| Rachitisme | 1 |
| Atrophie musculaire du membre | |
| inférieur droit (origine indéterminée) | 1 |
| Névralgie faciale | 2 |
| Empoisonnement aigu par l'opium (1 garçon de 20 ans, 1 | |
| fillette de 12 ans) | 2 (décès 2) |

Pathologie externe.

| OPÉRATIONS. | | OPÉRATIONS. | |
|---|----|--|---|
| Abcès simples | 14 | Lupus de la face | 1 |
| Phlegmons (membres) | 3 | Tumeur érectile veineuse | 1 |
| „ paroi abdominale | 2 | Chute du rectum | 1 |
| Panaris | 1 | Conjonctivite simple | 5 |
| Adénites suppurées diverses | 5 | Keratites | 3 |
| Abcès par congestion | 1 | Abcès de la cornée | 1 |
| | | Rétinite | 1 |
| Morsure de cheval | 1 | Entropion | 2 |
| „ chien | 2 | Ptérygion | 1 |
| Brûlure à la main, 3e degré (par explosion de dynamite) | 1 | Otite externe | 2 |
| Plaies contuses | 4 | Obstruction de la trompe d'Eustache | 1 |
| Ulcères | 12 | Hydrocèle | 1 |
| Entorse tibio-tarsienne | 1 | | |
| Lymphangite | 1 | Orchite paludéenne double | 1 |
| Ostéite | 1 | Paraphimosis | 1 |
| Arthrite du genou | 2 | Rétrécissement cicatriciel du méat et de l'urèthre supérieur | 1 |
| Rétraction des fléchisseurs | 1 | | |
| Fongosités ombilicales | 1 | | |
| Verrue volumineuse (avant-bras) | 1 | | |
| | | | |

Maladies cutanées.

| | |
|--|---|
| Ecthyma | 1 |
| Eczema | 8 |
| Favus | 2 |
| Gale | 4 |
| Herpès circiné | 4 |
| Lèpre (tuberculeuse et anesthésique) | 2 |
| Pelade | 1 |
| Psoriasis | 4 |

Maladies vénériennes.

| | |
|--|---|
| Balanite et chancres simples | 1 |
| Blennorrhagie | 3 |
| Orchite blennorrhagique | 1 |
| Chancre phagédénique | 1 |
| Bubon suppuré | 1 |
| Chancres indurés | 3 |
| Syphilis secondaire | 4 |
| „ tertiaire | 2 |

Obstétrique.

| | | |
|-------------------------------|---|---|
| Accouchements | 2 | (dont 1 terminé par application de forceps et suture du périnée). |
| Hémorrhagie utérine | 1 | (consécutive à un avortement au quatrième mois). |

MALADIES ÉPIDÉMIQUES ET INFECTIEUSES.

La peste, qui avait déjà été observée par mon prédécesseur, le Dr. SIMOND, en 1893 et 1894, a de nouveau cette année fait son apparition dans la dernière semaine d'avril d'abord, dans le courant de juin ensuite. Les cas paraissent avoir été relativement peu nombreux mais

fort sérieux. Il n'est pas possible d'évaluer exactement le nombre des décès; je crois que ce nombre n'a pas dépassé 100. Des mesures de protection ont été prises à cette occasion par le gouvernement du Tonkin.

Il est difficile d'établir d'une façon certaine les causes de la peste à Lungchow. Le Dr. SIMOND avait cru remarquer que la maladie avait été les années précédentes importée du Yunnan au camp de Lien-ch'êng, importante agglomération de troupes située entre Lungchow et la frontière, d'où elle gagnait la ville, faisant ses premières victimes parmi les hommes de la garnison. Cette année, au contraire, aucun soldat n'a été atteint soit à Lien-ch'êng soit à Lungchow et rien ne peut faire supposer que la maladie a été importée.

Parmi les petites villes voisines, P'ing-hsiang, sur la route de Langson, serait demeurée indemne. Quelques décès, par contre, ont eu lieu à Hadung et à Thuycao, sur la rivière de Caobang.

L'apparition de la maladie a coïncidé avec une prolongation inusitée de la saison sèche, une température élevée (30° à 35° centigrades pendant la journée) et une baisse notable de la pression barométrique. Elle avait été précédée comme de coutume par une mortalité considérable des rats. À la fin de l'épidémie on a pu noter l'apparition de quelques fortes pluies d'orage venant rafraîchir l'atmosphère. Ces ondées entraînaient en même temps au fleuve les débris de toute nature qui accumulés pendant une longue période de sécheresse, infectaient l'air au point de rendre intenable certains carrefours de la ville.

J'ai eu l'occasion de constater également quelques cas de fièvre typhoïde et un cas isolé d'oreillons. La première de ces maladies aurait fait d'assez nombreuses victimes au camp de Lien-ch'êng. Le typhus pétechial m'a été signalé du côté de T'ai-p'ing-fu. La variole et le choléra, qui avaient sévi d'une façon assez meurtrière les années précédentes, n'ont pas été observés cette année.

HYGIÈNE: SALUBRITÉ.

À Lungchow aucun service de voirie n'est organisé. Les prescriptions, toutes platoniques, des autorités chinoises, invitant les habitants à assurer la propreté de leurs demeures et des rues, demeurent toujours lettre morte, et aucune mesure d'assainissement n'est prise. Qu'attendre du reste à ce point de vue d'une population qui, suivant de très-anciennes coutumes, conserve ses morts plusieurs mois, soit dans les maisons privées soit dans des dépôts mortuaires situés en pleine ville! Les corps des individus morts de la peste ou d'autres maladies infectieuses ne font l'objet d'aucune exception et leurs cercueils ne sont ni fermés avec plus de soin, ni désinfectés d'une façon particulière.

Chaque année, depuis la création du poste médical de Lungchow, des cas de peste, de choléra, de variole ou de typhus ont été observés, se manifestant par poussées irrégulières, variables d'intensité et de gravité. On peut donc certainement considérer la ville comme présentant un terrain très-propre à l'incubation des maladies infectieuses, dont les germes, apportés de l'extérieur ou prenant naissance sur place, ne demandent pour se développer que des conditions atmosphériques favorables.

Lungchow me paraît jouir d'une réputation usurpée de salubrité et je partage en cela l'avis de mon prédécesseur. La ville est parsemée de mares servant de dépotoirs aux habitants. Ce sont de véritables cuvettes palustres dans lesquelles l'eau des pluies s'accumule en se chargeant de principes calcaires et argileux. Les débris organiques trouvent dans ces cuvettes un milieu très-favorable à leur décomposition. Ils s'y fixent par défaut d'écoulement et fermentent. Aussi, sans parler des maladies infectieuses qui regnent périodiquement, l'endémie paludéenne a une place marquée dans la pathologie de la région et lui imprime son cachet particulier. Les indigènes lui payent un large tribut. Les Chinois qui viennent de Canton ou de Shanghai, les Annamites arrivant du Tonkin, ont presque tous des accès de fièvre intermittente.

Il en est de même pour les Européens. S'il est vrai que ces derniers paraissent résister en général assez bien au climat, il faut tenir compte de leur petit nombre et des conditions dans lesquelles ils vivent, ne sortant pas au soleil, se nourrissant convenablement sans faire d'excès, n'ayant pas à supporter de fatigues corporelles. Malgré ces conditions, qui réduisent au minimum de leur action les influences pathologiques, plusieurs ont été sérieusement atteints et presque tous présentent un degré plus ou moins prononcé d'anémie. Il ne faut pas oublier enfin que l'isolement, le manque de distractions, l'ennui et la dépression morale qui en résulte parfois, peuvent avoir une influence marquée sur la santé générale de quelques-uns, et j'estime qu'aucun fonctionnaire ne devrait, sauf sur sa demande, être maintenu plus de deux ans dans ce poste éloigné.

RAPPORT MÉDICAL

POUR LE SEMESTRE FINISSANT LE 30 SEPTEMBRE 1895, SUR LA
SITUATION SANITAIRE DE MENGTSZ,

Par le Docteur J. L. MICHOD.

LA constitution médicale qui a prévalu à Mengtsz durant le semestre s'étendant du 30 avril au 30 septembre 1895 a différé sensiblement de la constitution médicale du même lieu durant les précédentes années. Rarement pareille année de sécheresse s'est vue à Mengtsz. La saison chaude s'est écoulée sans amener les pluies estivales abondantes qui, en temps ordinaire, s'abattent sur la région. Des changements nosologiques importants semblent s'être introduits dans la pathologie locale, dûs vraisemblablement aux modifications climatiques et saisonnières qui se sont produites.

La peste bubonique, le *yang-tzŭ-ping* (痒子病), qui depuis nombre d'années débute régulièrement vers le milieu ou la fin du mois de mai, n'avait pas encore paru au premier juillet de la présente année. Mais l'espoir, jusqu'alors si chèrement caressé par les habitants de Mengtsz, d'une année écoulée sans les ravages du fléau, devait être cruellement déçu. Le retard dans l'apparition de l'épidémie se trouva plus que compensé par l'intensité extraordinaire de son éclat. Le milieu dans lequel le bacille pathogène se perpétue sembla, sous l'influence des changements météorologiques, avoir acquis des qualités nouvelles, éminemment favorables à la culture, la multiplication et surtout la virulence de ce bacille. Ce milieu de culture c'est le sol, comme l'ont confirmé les recherches de YERSIN, KITASATO. Ce serait donc dans la constitution chimique de ce sol, variable évidemment selon les saisons, qu'il faudrait rechercher la raison d'être de l'activité alternante mais pérenniale du micro-organisme de la peste. L'épidémie de cette année ne se déclara que vers les premiers jours de juillet, pour se terminer plus tard que d'habitude, vers le milieu de septembre. Sa durée fut donc à peu près la même que durant les précédentes années. Mais le nombre des victimes atteint un chiffre au moins triple du chiffre habituel, soit de 1,200 à 1,500 victimes. Certains jours, il y eut jusqu'à 50 décès. La proportion des guérisons fut infime, et les natifs déclarèrent n'avoir pas encore vu le fléau se manifester avec une telle intensité.

Comme d'ordinaire, les secours du médecin européen ne furent guère sollicités, ne pouvant compter sur aucun remède efficace, capable par ses effets curatifs de frapper l'imagination des indigènes et de les décider à recourir à nous. Car ce que le natif recherche en s'adressant au médecin, quel qu'il soit, ce n'est pas un traitement judicieux ou des soins éclairés, c'est uniquement une drogue, un médicament quelconque. Ne rien prescrire, c'est pour le Chinois de Mengtsz ignorer totalement son art.

Nous pouvons bien ajouter que tant que les conditions navrantes dans lesquelles nous nous trouvons pour la pratique de notre profession, à Mengtsz, n'auront pas été modifiées, nous

n'avons aucun espoir de nous attirer la confiance des natifs, pas plus qu'aucun désir de solliciter leurs visites. Le rôle ridicule de médecin distributeur de médicaments à des malades qu'il ne peut examiner, que souvent même il ne voit pas, est le seul qu'il nous eut été donné de remplir, si nous n'avions eu quelque égard pour notre dignité professionnelle, dans la situation pénible que, par suite d'un mal-entendu, nous occupons à Mengtsz.

La santé des neuf Européens habitant Mengtsz d'une manière permanente s'est maintenue bonne, malgré l'atmosphère morale déprimante qui les entoure. Un cas d'abcès dentaire, suivi de nécrose limitée du maxillaire supérieure constitue tout le bilan chirurgical. Mais si la vérité nous oblige à reconnaître la salubrité du climat de Mengtsz, il nous faut bien déclarer en même temps que le peu de confort, la monotonie de l'existence, les ennuis inévitables dûs à un isolement prolongé sont justifiables de l'état de nervosité, de malaise moral dont souffrent ou ont souffert plus ou moins chacun des Européens vivant, depuis quelque temps, dans ce coin retiré du monde.

REPORT ON THE HEALTH OF THE LAPPA CUSTOMS DISTRICT

For the Year ended 30th September 1895.

THE epidemic of influenza which prevailed in Macao from November 1894 to March 1895, and that of the bubonic plague, which caused great ravages among the Chinese population of that city from April to June 1895, extended their evil effects to the whole of the Lappa district, which is not to be wondered at, considering its proximity and the close commercial relations existing between this Customs district and the above-named Portuguese colony.

Unfortunately, as I have stated elsewhere,* it is impossible to obtain reliable statistics of the population of this district; and if we wish to estimate the effects of the two epidemics experienced in it in 1894-95, we must do so from the published statistics for the neighbouring Portuguese colony.

The Colonial Surgeon of Macao in his report, from which the table given below is extracted, shows with sufficient clearness the mortality caused by the influenza and bubonic plague epidemics. From this table we find by comparing the averages of previous years with the figures for the six months ended March 1895 an excess in mortality, due to the influenza epidemic; while the excess shown in the six months ended 30th September 1895 is due to the bubonic plague.

The foreign employés of the Lappa Customs enjoyed immunity from both the epidemics, and, with the exception of a few mild cases of influenza, the half-year ended March 1895 was a most salubrious period for the Customs staff.

During the hot and damp summer months members of the staff stationed at Kwanchiap, Kuttai, and Shekkok are continually attacked by malarial fever. However, it is difficult to remedy this evil, seeing that the whole vicinity is more or less swampy and exposed to the direct rays of the sun, and, excepting Malowchow and Wanchai, there is no locality which will satisfy the double object of Customs administration, namely, the proper control of revenue and the complete preservation of the health of the staff.

In spite of the above circumstances, the climate of this district is considered favourable to the health of Europeans, because malarial fever only reaches an acute and complicated stage in exceptional cases, and as a rule it is easily cured by removal of the patient to another locality. Besides, during winter (November to February) malarial fever is hardly ever met with.

The influenza which raged in Lappa and Macao from November 1894 to March 1895 presented all the distinctive symptoms of this disease and assumed the same type as that reported upon by me in 1891. The mortality was mostly due to complications arising during

* *Customs Medical Reports*, xli, 16.

convalescence, particularly in persons of an advanced age, who succumbed through want of good nursing and the care so essential in this disease.

The bubonic plague followed in its course the various phases of the epidemic in Hongkong last year, and in reference to it there are only two circumstances worthy of being noted:—

- 1°. That in 1894 Macao enjoyed complete immunity from the plague while it was raging intensely in Hongkong and Canton, and that in 1895, when there were a few sporadic cases of an endemic form in Hongkong and Canton, Macao was invaded by the plague in all its intensity.
- 2°. That in 1894 it prevailed in Canton from February to August, and in Hongkong from May to September; that in Macao the first case occurred at the end of March and the last case was in the beginning of July, in the height of summer.

I do not attempt to explain these facts, but merely place them on record, in order to enable others to make their own deductions.

NECROLOGICAL TABLE for the last Six Years.

| MONTH. | Average for last Five Years. | 1894-95. | Difference. |
|-------------------------|---------------------------------|----------|-------------|
| | 1889-93. | 1894. | |
| October | 222 | 194 | - 28 |
| November | 202 | 299 | + 97 |
| December | 177 | 365 | + 188 |
| | 1890-94. | 1895. | |
| January | 166 | 289 | + 123 |
| February | 217 | 206 | - 11 |
| March | 217 | 451 | + 234 |
| April | 169 | 824 | + 655 |
| May | 180 | 968 | + 788 |
| June | 212 | 428 | + 216 |
| July | 215 | 198 | - 17 |
| August | 206 | 202 | - 4 |
| September | 187 | 229 | + 42 |
| November to March | 979 | 1,610 | 631 |
| April to June | 561 | 2,220 | 1,659 |
| | 1,540 | 3,830 | 2,290 |

METEOROLOGICAL TABLE, October 1894 to September 1895.

| MONTH. | Barometer (Mean Reading). | Thermometer (Mean Reading). | Psychrometer (Mean Reading). |
|-----------------|------------------------------|--------------------------------|---------------------------------|
| 1894. | | | |
| October | 29.98 | 76.30 | 73.21 |
| November | 30.12 | 72.36 | 61.74 |
| December | 30.19 | 63.55 | 67.78 |
| 1895. | | | |
| January | 30.17 | 56.61 | 75.39 |
| February | 30.10 | 60.88 | 79.16 |
| March | 30.07 | 64.07 | 77.38 |
| April | 29.94 | 74.37 | 81.69 |
| May | 29.85 | 78.77 | 81.02 |
| June | 29.78 | 83.33 | 77.21 |
| July | 29.74 | 84.55 | 77.20 |
| August | 29.74 | 83.87 | 76.94 |
| September | 29.82 | 83.20 | 71.57 |
| AVERAGE | 29.96 | 73.49 | 75.02 |

For the above abstract of the meteorological readings for the 12 months ended 30th September 1895 I am indebted to the kindness of Captain ALVES BRANCO, Harbour Master, Macao.

G. S.

II.—SPECIAL SERIES.

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